

**UNIVERSIDAD AUTÓNOMA DE CHIHUAHUA**

INTERNATIONAL SERVICES COORDINATION

STUDY ABROAD APPLICATION FORM

1. **PERSONAL DATA (PROFILE) \*FILL IN THE BLANKS.**

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|  |  | | |
| **LAST NAME** | **FIRST NAME** | | |
| **ADDRESS:** |  | **ZIP CODE:** |  |
| **CITY/STATE:** |  | **TELEPHONE:** |  |
| **CELLPHONE:** |  |
| **DATE AND BIRTH OF PLACE:**  **PHOTOGRAPH** |  | **NATIONALITY:** |  |
| **E-MAIL:** |  |
| **STATUS:** | |  | **PASSPORT NUMBER:** |  |
| **GENDER:** | |  | | |

1. **ACADEMIC INFORMATION**

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| **UNIVERSITY:** |  | | |
| **STUDENT ID:** |  | **CURRENT PERIOD** |  |
| **CURRENT MAJOR:** |  | **TOTAL PERIODS:** |  |
| **GENERAL AVERAGE** |  | **TUITION:** |  |
| **COLLEGE:** |  | | |

1. **MOBILITY INFORMATION**

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| --- | --- |
| **MODALITY:** | * Academic Exchange a) One Semester b) Two Semesters * Masters * PhD * Research Period: * Summer Program * Other(s): |
| **MOBILITY PROGRAM:** | * CONAHEC * Bilateral Agreement   Other(s): |

1. **MOBILITY INFO:**

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENTOF UNIVERSIDAD AUTÓNOMA DE CHIHUAHUA (U.A.CH.):** |  | **STUDY PERIOD**  **(STARTING DATE/ENDING DATE)** | January-June  August-December  others: |

**PROPOSED SUBJECTS BY HOME UNIVERSITY:**

|  |
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| **COURSES NAME** |
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1. **FOR RESEARCH PERIODS:**

|  |  |
| --- | --- |
| **HOST RESEARCHER AT UACH:** |  |
| **PROJECT NAME:** |  |
| **RESEARCH AREA:** |  |

1. **IN CASE OF EMERGENCY CONTACT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME :** |  | **RELATIONSHIP:** |  |
| **TELEPHONE:** |  | **ADDRESS:** |  |
| **CELLPHONE:** |  | **E-MAIL:** |  |
| **NAME :** |  | **RELATIONSHIP:** |  |
| **TELEPHONE:** |  | **ADDRESS:** |  |
| **CELLPHONE:** |  | **E-MAIL:** |  |

**DOCUMENTS REQUIRED**

* **UACH STUDY ABROAD APPLICATION.**
* **ACADEMIC TRANSCRIPT.**
* **PROPOSED COURSES.**
* **UNIVERSITY APPLICATION LETTER.**
* **SPANISH PROFICIENCY TEST.**
* **STATEMENT OF PURPOSE.**
* **COPY OF IDENTITY CARD.**
* **BIRTH CERTIFICATE.**
* **2 ACADEMIC RECOMMENDATION LETTERS.**
* **CURRENT PASSPORT.**
* **STUDENT VISA.**
* **2 PHOTOGRAPHS (ID SIZE) 3/12 X 4/12 CMS, BLACK AND WHITE, (wich must be turned in at the International Services Office).**
* **MEDICAL INSURANCEPOLICY COPY WICH STATES IT COVERS THE STUDENT DURING HIS/HER ENTIRE STAY IN MÉXICO.**

\***The documents must be sent to the academic mobility agent at International Relations Office, ONLY through home Institution.**

**NAME AND SIGNATURE**

**DATE**