

Application form for exchange students in UACJ

FO-DGVI-221-01



Personal Information

Full Name: _____
Name(s) First last name Second last name (if it applies)

Current address:

City State/Province Country

Mobile Phone Number: (____) _____

Home Phone Number: _____ **Office Phone Number:** _____

Email Address: _____

Age: _____ **Date of birth:** **Gender:**
Day Month Year

Place of birth: **Status:**
City State/Province Country

Emergency Contact

Full Name: _____
Primer apellido Segundo apellido Nombre(s)

Current address:

City State/Province Country

Mobile Phone: (____) _____ **Home Phone Number:** _____

Office Phone Number: _____ **Email Address:** _____

Application information

Application date: **Type of exchange program:**
Day Month Year

Period: **Home institute:** _____

Major: _____ **Current grade in your institution:**

P:A.: _____ **Level of Study:**

Exclusive for Academic Exchange

Consortium of participation:

Choose one

Other (Specify): _____

Do you hold any scholarship?: Yes No _____

Which one?

Host Faculty:

Choose one

UACJ's Academic Program: _____

Please write the subjects you want to study at UACJ:

	Subject	Code	Faculty
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exclusive for Research Exchange:

Information of UACJ's Researcher:

Full Name: _____

Position: _____ Email Address: _____

Phone Number: (____) _____

Host Department: _____

Taught Programs: _____

Taught Subjects: _____

Name of the Research Project: _____

Research Project Development Place: _____

Date: —

Date *Month* *Year* *Day* *Month* *Year*

Exclusivo para estancias de investigación

UACJ Academic Program: _____

Host Faculty:

Choose one

Type of activity: _____

Choose one *Other (Specify)*

Type of call: _____

Choose one *Other (Specify)*

Date: —

Date *Month* *Year* *Day* *Month* *Year*



Additional information

Only for face-to-face exchange

Accomodation

Do you require information for accomodation? Yes No

Please, write information about y ourself that you consider relevant for the Movility Oficce to know (illnesses, food habits, or any other point your find important.)

Please let us know if you have any special requirement you possess that we must know:

Student's name:

Student's signature:

Home University's Mobility Program's Responsible's name:

Home University's Mobility Program's Responsible's signature: