

APPLICATION FORM FOR EXCHANGE STUDENTS

To be completed by the student applying. All items must be filled properly and on a computer (form filled by hand will not be accepted):

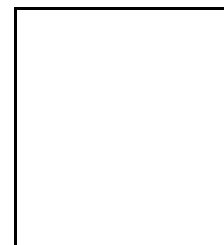
ACADEMIC YEAR 20...../20.....

SEMESTER

- 1º

- 2º

- Both semesters



(photo)

STUDENT PERSONAL DATA

Family name:	First name:
Date of birth:	Place of birth:
Sex:	Nationality:
Cell phone:	
Address:	
Contact person in case of emergency (name, e-mail, telephone):	

SENDING INSTITUTION

Name and full address:	
Faculty (Department):	
Faculty (Departmental) coordinator:	
Name:	
Telephone:	E-mail:
Institutional coordinator:	
Name:	
Telephone:	E-mail:

PREVIOUS AND CURRENT STUDY

Name of the diploma/degree for which you are currently studying:		
Number of higher education study semesters prior to departure abroad:		
I hereby confirm that I have sufficient knowledge		
of Spanish to follow lectures	Yes	No
(level B1 required, B2 recommended)	<input type="checkbox"/>	<input type="checkbox"/>

I understand that the receiving institution will require my health insurance certificate.

