



REGISTRATION FORM - ACADEMIC YEAR 2019/2020

LATINAMERICA

OTHER DESTINATIONS

STUDENT	LAST NAME(S)	FIRST NAME(S)	DATE OF BIRTH	PASSPORT	SEX [M/F]	STUDY CYCLE ¹	EMAIL
SENDING INSTITUTION	NAME	FACULTY/CENTRE	ADDRESS		COUNTRY	CONTACT PERSON NAME; EMAIL	
UNIVERSITY OF BASQUE COUNTRY (UPV/EHU)	FACULTY/ CENTRE ²						
	ÁLAVA CAMPUS						
	BIZKAIA CAMPUS						
	GIPUZKOA CAMPUS						
	LENGTH OF STAY				DATE OF RETURN		
CONSULAR OFFICE WHERE THE VISA WILL BE PROCESSED ³ :							
OTHER COMMENTS:							

LANGUAGE COMPETENCE:

MOTHER TONGUE:			LANGUAGE OF INSTRUCTION AT HOME INSTITUTION (IF DIFFERENT):							
OTHER LANGUAGES:	I am currently studying this language:		I have sufficient knowledge to follow lectures:		I have the following knowledge level: ⁴					
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	A1	A2	B1	B2	C1	C2
1. SPANISH.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ENGLISH.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Study Cycle : Bachelor or equivalent first cycle / Master or equivalent second cycle / Doctorate or equivalent third cycle

² More information: <http://www.ehu.eus/es/ikastegiak>

³ More information: <http://www.exteriores.gob.es/Portal/en/ServiciosAlCiudadano/Paginas/EmbajadasConsulados.aspx#>

⁴ More information: <http://www.ehu.eus/documents/2099535/6495548/Resolucion-20170522-Erabakia.pdf>



STUDY PROGRAMME AT THE UPV/EHU

STUDENT	LAST NAME(S)	FIRST NAME(S)	SENDING INSTITUTION	PASSPORT

CODE ⁵	NAME OF THE SUBJECT ⁶	FACULTY OR SCHOOL	CAMPUS	CREDITS

Signature of the student

_____ Date: _____

INSTITUTION OF ORIGIN:

We confirm that this learning proposal is approved

Signature of the coordinator or person in charge of the centre or institution

_____ Date: _____

CENTRE/FACULTY OF DESTINATION: UPV/EHU

We confirm that this learning proposal is approved

Signature of the coordinator of the centre

_____ Date: _____

⁵ Full details of the courses (Code, Name, Centre, Campus, Credits): <http://www.ehu.es/es/ikasketak> -> [Undergraduate programmes or graduate studies](#) (Estudios de grado o Estudios de posgrado) >> Select your study >> Curriculum (Plan de estudios) >> Courses by subject (Asignatura por cursos) >> Select the subject.

⁶ Courses and semesters: **All subjects are not taught in the two semesters. Make sure that the selected subjects are taught during your stay.**