

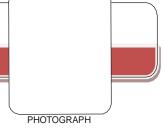


DIRECTION OF INTERNATIONAL RELATIONS

INTERNATIONAL STUDENT MOBILITY

APPLICATION FORM

(Computer written, or with block letters printed in black ink)



PERSONAL INFORMATION				
SURNAME (S):				
NAME (S):				
PASSPORT NUMBER:				
PASSPORT EXPIRATION DATE:				
DATE OF BIRTH:	NATIONALITY			
PERMANENT ADDRESS: If you are an independent international student, you will receive your letter of acceptance at this address. If you are an Exchange student, you will receive it through the International Coordinator at your university.				
STREET:	N°	APARTMENT:		
ZIP/ POSTAL CODE:	CITY:	COUNTRY:		
TELEPHONE: (COUNTRYCODE+ AREACODE+ NUMBER)				
PERMANENT E-MAIL (All information will be sent to this address):				
UNIVERSITY:				
ACADEMIC PROGRAM:				
PERSON TO CONTACT IN CASE OF EMERGENCY:				
TELEPHONE: (COUNTRYCODE+ AREACODE+ NUMBER)				
RELATION:				
E-MAIL ADDRESS:				

ACADEMIC INFOR	RMATION				
STUDIES THAT YO	OU WANT TO ATTEND A	T UNIVERSIDAD DE TALO	CA:		
UNDERGRAD	UATE	GRADUATE	_ o	THER (SPECIFY)	
		_			
Faculty or School	which you are applying	to:			
If you want to an	and 1 or 2 condomic or	amontoro lint the courses	of interest.		
ir you want to sp	end for 2 academic se	emesters, list the courses	or interest:		
If you want to ca	rry out research during	your stay, indicate the s	ubject and area:		
If you want to co	mplete a training perio	d, indicate the area of inte	erest:		
Spanish language	:				
	Reading	Listening	Speaking	Writing	
Beginner Average					
Fluent					
Native					
Academic period t	hat you want to attend:				
Semester I (Mai					
	gust-December)				
Other (Specify)					
				2	

CHECKLIST OF DOCUMENTATION
 □ To complete acceptance, this form must be signed by the applicant and the Director/Coordinator of the International Office. □ Curriculum Vitae □ Transcript of Records (original and simple translation to Spanish or English) □ Language Certificate (if applicable) □ Copy of Passport
PERSONAL DECLARATION
I, do hereby swear and attest that all of the information above about me and my home institution is true and correct. In case of being admitted by Universidad de Talca, I promise to comply with its rules. I also understand that my application may be rejected in case of having omitted information.
Name:
Signature:

EXCLUSIVE USE BY THE UNIVERSITY OF TALCA

TYPE OF EXCHANGE AGREEMENT Bilateral agreement between the sending institution and Universidad de Talca CINDA Program Other agreement. Please detail. None (Independent student)
NAME OF THE INTERNATIONAL AREA COORDINATOR:
TELEPHONE: (COUNTRY CODE + AREA CODE + NUMBER):
FAX: (COUNTRY CODE + AREA CODE + NUMBER):
E-MAIL ADDRESS:
STUDENT'S FINANCIAL SUPPORT FOR INTERNATIONAL MOBILITY:
Name and approval of the International Coordinator of sending institution (No application will be processed without sending institution approval)
DATE SIGNATURE