



UNIVERSIDAD AUTÓNOMA DE CHIHUAHUA

INTERNATIONAL SERVICES COORDINATION

STUDY ABROAD APPLICATION FORM

1. PERSONAL DATA (PROFILE)

***FILL IN THE BLANKS.**

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

2. ACADEMIC INFORMATION

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

3. MOBILITY INFORMATION

MODALITY:	<ul style="list-style-type: none"> • Academic Exchange a) One Semester b) Two Semesters _____ • Masters • PhD • Research Period: • Summer Program • Other(s): _____
MOBILITY PROGRAM:	<ul style="list-style-type: none"> • CONAHEC • Bilateral Agreement Other(s): _____

STUDY ABROAD APPLICATION FORM

4. MOBILITY INFO:

DEPARTMENT OF UNIVERSIDAD AUTÓNOMA DE CHIHUAHUA (U.A.CH.):		STUDY PERIOD (STARTING DATE/ENDING DATE)	January-June August-December others: _____
--	--	--	--

PROPOSED SUBJECTS BY HOME UNIVERSITY:

COURSES NAME

5. FOR RESEARCH PERIODS:

HOST RESEARCHER AT UACH:	
PROJECT NAME:	
RESEARCH AREA:	

6. IN CASE OF EMERGENCY CONTACT:

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

STUDY ABROAD APPLICATION FORM

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 INSURANCE POLICY 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