

LA UNIVERSIDAD AUTONOMA DE CHIHUAHUA

A TRAVES DE LA FACULTAD DE ZOOTECNIA

PROGRAMA DE MOVILIDAD ESTUDIANTIL A IES (INSTITUCIONES DE EDUCACIÓN SUPERIOR) INTERNACIONALES

CONVOCATORIA

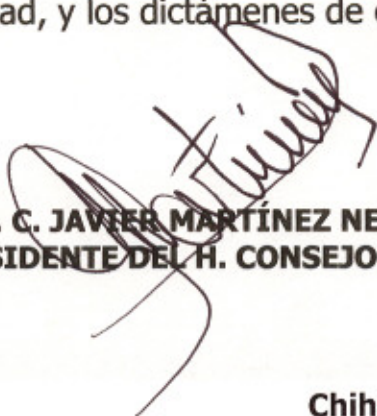
A los estudiantes interesados en Movilidad Estudiantil en Norte América (Estados Unidos y Canadá), para cursar el Semestre Agosto Diciembre del 2006 en las siguientes Universidades: Estatal de Oklahoma, Estatal de Nebraska, (Estados Unidos), Laval y Manitoba (Canadá).

Requisitos para la estancia

1. Presentar solicitud en la cual mencione por que le interesa participar en el programa de Movilidad Estudiantil
2. Tener promedio general (Kárdex) mínimo de 8.0
3. Tener dominio del idioma Inglés del 80%
4. Estar cursando del 5° al 7° semestre, ya que debe de cursar en la universidad seleccionada 6°, 7° u 8° semestre.
5. Contar con Pasaporte Mexicano.

La fecha límite para la entrega de la solicitud es el día miércoles 29 de marzo del 2006, a las 9:00 horas, en la Secretaría Académica de ésta Facultad de Zootecnia.

Las solicitudes serán evaluadas por una Comisión del H. Consejo Técnico de la Facultad, y los dictámenes de esta serán inapelables.


M. C. JAVIER MARTÍNEZ NEVAREZ
PRESIDENTE DEL H. CONSEJO TÉCNICO



FACULTAD DE ZOOTECNIA
CONSEJO TECNICO

Chihuahua, Chih., a 24 de Marzo de 2006



UNIVERSITY OF MANITOBA | Faculty of Agricultural
and Food Sciences

Mr. Fernando Velarde Trejo
#9922 Universidad Veracruzana
Chihuahua, Chihuahua
MEXICO 31125

Department of Agribusiness
and Agricultural Economics
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-9384
Fax (204) 261-7251

May 9, 2006

Dear Mr. Velarde Trejo,

We are pleased you have chosen to study at the University of Manitoba under the SANDS Student Exchange Agreement. Enclosed in a separate envelope is your official Letter of Acceptance issued by our Admissions Office, which you will need for travel to Canada.

Also enclosed are a campus map, and a pre-arrival handout including specific details regarding important dates to remember, as well as some general information about the University of Manitoba.

When registration for visiting students opens on August 15, 2006, we will arrange registration for courses approved for you as listed on the application form submitted earlier this year. Registration for courses using the University on-line web registration system is **not** an option for exchange students.

After arrival here, you will meet with an advisor in the Faculty of Agricultural and Food Sciences, confirm courses and make any adjustments or revisions necessary to your program. You will not pay tuition fees - as per the exchange agreement - but there will be student organization fees, health insurance etc. to be paid following registration.

The residence form completed by you was lodged with the Residence Office - together with the required deposit (\$10). When a room becomes available, a letter will be sent directly to your home address from the Residence Office, with a deadline for you to accept the residence offer and a deadline for the U.A. Chihuahua to make the first payment of residence fees.

From the handout enclosed, you will see the University's International Centre for Students has two programs which are recommended. One is the "Welcome host", and the other is the "Buddy" program. We recommend you register for the Orientation on August 29 and also one of the Intercultural Days at Star Lake.

If you have any questions or concerns, please direct them to the coordinator at your university, or contact me directly. We look forward to meeting you.

Your truly,

Judy Powell
Graduate Studies/Exchange Programs Assistant
/jp





UNIVERSITY
OF MANITOBA

Enrolment Services

Admissions
424 University Centre
Winnipeg, Manitoba
Canada R3T 2N2
Telephone: (204) 474-8808
Facsimile: (204) 474-7554

I am pleased to advise you that you have been accepted to the University of Manitoba for the following session. Please find below the standardized letter of acceptance as requested by Citizenship and Immigration Canada to be used in the application of your study permit to study in Canada.

Date: May 8, 2006

STUDENT INFORMATION

1. Family name: VELARDE TREJO	2. First name and initials: FERNANDO
3. Date of birth: July 16, 1985	4. Student ID number: 6847677
5. Student's full mailing address: #9922 Universidad Veracruzana Chihuahua, Chihuahua MEXICO 31125	6. Dates: Start date: Day <u>01</u> Month <u>09</u> Year <u>2006</u> Completion date: Day <u>31</u> Month <u>12</u> Year <u>2006</u> or minimum <u>1</u> years of full-time studies
7. Name of school/institution (indicate private or public): University of Manitoba - Public	8. Level of study: Undergraduate
9. Program/Major/Course: Students should select the appropriate information. Students in Exchange Program: University of Manitoba Students in the International Postgraduate Program: Department of Agricultural & Food Sciences	10. ☒ Full-Time ☐ Part-Time Credit Hours: <u>n/a</u>
11. Academic year of study which the student will enter (e.g., Year 2 of 3-year program): year 1 of 4 year program	12. Late registration date: Day <u>n/a</u> Month <u>n/a</u> Year <u>n/a</u>
13. Condition of acceptance specified as clearly as possible (e.g., TOEFL, partial fee payment): n/a	14. Estimated tuition fee for this course: All tuition payable to home institution
15. Scholarship/Teaching assistantship: n/a	16. Exchange student: ☒ Yes ☐ No
17. Licensing information where applicable for private institution: ☐ Yes ☐ No ☒ N/A	18. If destined to Quebec, has CAQ information been sent to student?: ☐ Yes ☐ No ☒ N/A
19. Guardianship/Custodianship details if applicable: n/a	20. Internship/Work practicum: ☐ Yes ☒ No If yes, length of internship/work practicum:
21. Other relevant information: Annual living expenses will be about \$10,000 CDN (plus tuition, plus books and supplies, plus health insurance).	
22. Signature of institution representative (e.g., Registrar): 	
23. Name of institution representative (please print): Mr. Peter Dueck, Executive Director, Enrolment Services; Alternate: Ms. Indira Agrawal, Lead Admissions Officer	

Chihuahua, Chih. A 27 de Marzo de 2006

A quien corresponda:

Por medio de la presente solicito a Usted sea considerada mi petición para la obtención de una beca, para realizar estudios académicos en la Universidad de Manitota, Canadá, para los meses Agosto-Diciembre del año en curso.

Las razones de mi petición son:

1. Tengo interés en conocer diferentes planes de estudio relacionados con el área de Ecología.
2. Deseo tener la oportunidad de conocer y vivir la experiencia académica y cultural que me sean posibles en Canadá, ya que esto enriquecería muchos aspectos importantes en el desarrollo de un joven.
3. Poder vivir en un país en donde podría practicar y mejorar el idioma ingles, el cuál hoy en día es de mucha importancia para el desarrollo de cualquier profesionista e investigador.
4. El ir al extranjero a realizar estudios es algo importante para mi, ya que ésta experiencia es una pieza importante del futuro que visualizo, sería una grata experiencia que como dije anteriormente forma parte de mi crecimiento personal y profesional, pero de momento mi familia no esta en posibilidades de poder costear la totalidad de los gastos que esto genera.
5. Teniendo la universidad la posibilidad de brindar estas oportunidades a estudiantes que están dispuestos a aprovecharlas hasta el máximo, espero ser considerada.

Agradezco de antemano su atención a la presente,

Atentamente

Minerva Rosette Perezvargas 192794 LE

INSTITUTIONAL TEST SCORE RECORD

Name of Institution: ITESM CAMPUS CHIHUAHUA

Name: ROSETTE MINERVA

Student Number:

DOB: 8/7/1986

Sex: F Degree: Y

Times Taken TOEFL: 0

Native Country: MEXICO

Native Language: SPANISH

Scaled Scores:

Listening Comprehension	53
Structure & Written Expression	50
Reading Comprehension	58
Total Score	537

Test Date: 2/24/2006

Form: TOEFL



TOEFL ITP

The face of this document has a security background. The back contains a watermark. Hold at an angle to view.

The tests offered under the TOEFL Institutional Testing Program (ITP) are intended for use by the administering educational institution only. Under this program, scores are reported to the institution administering the test and cannot be transferred to other institutions. If candidates need TOEFL scores for admission to universities and colleges, they must take the TOEFL test.

00379-01105 • FB85R600 • Printed in U.S.A.

I.N. 999997

INSTITUTIONAL TESTING PROGRAM
Administering Institution's File Copy
Do Not Copy

NOT A TOEFL SCORE REPORT

This ITP score record is NOT to be used to fulfill entrance requirements to universities. It is for the administering institution only.

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Application for Exchange Student Admission

ENROLMENT SERVICES/ADMISSIONS • 424 University Centre • Winnipeg, Manitoba • Canada R3T 2N2 • Telephone (204) 474-8808 • FAX (204) 474-7554

Please check one:

- ☐ Undergraduate Courses (100 to 500 level)
☐ Graduate Courses (600 level & higher)

Application deadlines:

April 1 for September start date
September 1 for January start date
January 1 for May/June or July start date

If you are applying to the Asper
school of Business, return completed application to:

Student Exchange Coordinator
Asper School of Business
268 Drake Centre
The University of Manitoba
Winnipeg, Manitoba R3T 2N2
Canada

Fax: 1-204-474-7529

If you are applying to any other
faculty, return completed applications to:

Student Exchange Coordinator
International Centre for Students
541 University Centre
The University of Manitoba
Winnipeg, Manitoba R3T 2N2
Canada

Fax: 1-204-474-7562

1 Previous application

Please print

Have you ever applied for admission to the University of Manitoba?

☐ Yes ☒ No If 'yes', Faculty and year of application:

Faculty: _____ Year: | | | | |

If 'yes' did you register and attend classes?

☐ Yes: year last registered: | | | | | ☐ No

U of M student number (if known): | | | | |

2 Date and duration of program

Indicate your preferred start session:

- ☒ Regular Session: September to December 2006
☐ Regular Session: January to April 20____
☐ Intersession: May and June 20____
☐ Summer Session: July and August 20____

Anticipated end date of program:

Month _____ Year _____

3 Personal information

Family name <u>Rosette</u>	
First name and middle name(s) Use full legal names (no initials) <u>Minerva</u>	
Previous or other names	
Date of birth (year/month/day) <u>1986/August/07</u>	Place of birth (province or country) <u>Mexico</u>
Country of permanent residence <u>Mexico</u>	Title (Mr., Miss, Ms., Mrs., Dr., Rev.)
Gender Male ☐ Female ☒	Citizenship <u>Mexican</u>

Citizenship and immigration status You must check one box.

- ☐ Canadian Citizen Date of entry if not born in Canada: | | | | |
year Month
☐ Permanent Resident Date of entry: | | | | |
year Month
☒ International student on Student Authorization (Student Visa)

Date of actual or proposed entry into Canada: 12/16/18Passport Number: 06080015130

4 Primary language

(primary language refers to the mother tongue)

☐ English ☐ French ☒ Other (specify): Spanish

If English was not your first language, indicate the number of years of English instruction you have received: 3

If you have written any of the following: T.O.E.F.L., CanTEST, M.E.L.A.B., I.E.L.T.S., enter the name and date of last writing or date it is to be written

Test: T.O.E.F.L. Date written: 2/24/2006

5 Mailing addresses

Current Mailing address valid until March 20th 2006

Post office box or number and street <u>4520 Luis Estavillo st.</u>	
City or town and province <u>Chihuahua, Chihuahua</u>	
Country <u>Mexico</u>	Postal code <u>31300</u>
Home telephone <u>(52) 614-124-0499</u>	Facsimile <u>()</u>
E-mail <u>mine-rosette@hotmail.com</u>	

Permanent home address (if different from above)

Post office box or number and street	
City or town and province	
Country	Postal code
Home telephone <u>()</u>	Facsimile <u>()</u>

Emergency Contact Person

Name <u>Carlos Rosette</u>	
Relationship <u>Father</u>	Home telephone <u>(52) 614-124-0499</u>
E-mail Address	

Academic History

Please provide a complete listing of all post-secondary institutions you have attended or are attending. Please attach additional sheet if required.

University or college:

Name of Institution	Location	From	To	Program in which you were enrolled (e.g. B.A., B. Sc., etc.)	Major Subject	Degree Conferred	
		Yr. / Mo.	Yr. / Mo.			Yes / Date	No / highest level completed
Current: UACH	Chihuahua	04'08	06'03	B. Sc.	Ecology		4th Semester
Previous: ITESM		01'08	04'05	High School			3 years
		/	/				

7. Home Institution Exchange Approval Name of home institution: UACH

Choose one:

☐ Bilateral Exchange

☒ Consortium Exchange

This student has been selected according to the terms of the Student Agreement between the University listed above and the University of Manitoba and is nominated for exchange student admission under the terms of this agreement

This student is applying to the UofM through its participation in this exchange consortium.

Check one:

☐ CONAHEC ☐ North2North ☐ RAMP ☐ IBSEN

☒ Mobility project through faculty of: Agricultural and Food Science

☐ Other: _____

Exchange Coordinator's name (please print):

Exchange Coordinator's signature:

Exchange Coordinator's email:

Date:

8. Study plan

List the courses you plan to take while at the University of Manitoba. Please ensure that you have the prerequisites for the courses you select and that they are offered in the correct semester for the time you will be here. List courses in preferred order (3 to 5 courses per semester). Course information can be found in the *University of Manitoba Calendar* on the internet at <http://webpages.cc.umanitoba.ca/calendar>. The *Registration Guide* is also on the internet. (If you are applying before the next session's *Calendar* and *Registration Guide* are on the website, please use the previous year's as a guideline.) Please attached a separate sheet if more space is required.

U of M Course Code	Course Title/Description	Course Dates
128.340	Introduction to Environment and Health	
128.355	Environmental Analysis	
CS3.225	Introduction to geographic info syst.	
CS3.320	Introduction to Remote Sensing	
CS3.455	Topics in Air Pollution, Climatology, location..	

Home Institution Faculty Approval

(To be completed by the Dean of your Faculty, Registrar or Equivalent officer):

I confirm that the above applicant is currently a student in good standing at this institution and has been permitted to take the courses listed above at the University of Manitoba as part of their degree program.

Name (please print): _____ Position: _____ Faculty: _____ Date: _____

This student is currently enrolled in the following degree program at their home institution: _____

Signature: _____

10. Declaration

Please read all application materials carefully. Failure to disclose relevant facts (including ALL previous attendance at post-secondary institutions) and/or submission of false information or documentation may result in acceptance and registration being withdrawn. If this information is discovered in a subsequent session it may result in dismissal from the University. Registration at a post-secondary institution subsequent to the submission of this application must be declared in writing.

Freedom of Information and Protection of Privacy Act

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the purposes of admission, registration, assessment of academic status, and communication with the student. It may be disclosed to other educational institutions, government departments, and co-sponsoring organizations, and, for those students who are members of UMSU, it will be disclosed to the University of Manitoba Students' Union. Upon graduation, the student's name and address, together with information on degrees, diplomas, and certificates earned will be given to and maintained by the alumni records department in order to assist the University's advancement and development efforts. Information regarding graduation and awards may be made public. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, contact the FIPPA/PIA Coordinator's Office (tel. 204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Defoe Library, Winnipeg, Manitoba, Canada, R3T 2N2.

If you wish to authorize another person to access your information on your behalf, please complete the FIPPA release form available from our office or on our website.

Date: March 20th, 2006

Notice Regarding Disclosure of Personal Information to Statistics Canada
The Federal Statistics Act provides the legal authority for Statistics Canada to obtain access to personal information held by educational institutions. The information may be used only for statistical purposes, and the confidentiality provisions of the Statistics Act prevent the information from being released in any way that would identify a student.

At any time, students who do not wish to have their information used are able to ask Statistics Canada to remove their identifying information from the national database.

Further details on the use of this information can be obtained from Statistics Canada's web site: <http://www.statcan.ca> or by writing to the Post-Secondary Section, Centre for Education Statistics, 17th Floor, R.H. Coats Building, Tunney's Pasture, Ottawa, Ontario, Canada, K1A 0T6.

Transcript Release

- I hereby authorize the release of my University of Manitoba transcript to the University of Manitoba Student Exchange Coordinator, in order that it may be sent directly to my home institution.

Declaration

- I hereby certify that I have read and understood the instructions and information on this application form and on the Application Guide and that all statements made in connection with this application are true and complete.
- I authorize the University to verify any information, transcripts, or reference letters provided as part of this application.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.

Student's signature

Minerva Perillo

11. Required Documentation

- Official transcripts. You must arrange to have official transcripts forwarded along with the application form to the International Centre for Students Office. Student copies or photocopies are not acceptable. Transcripts become the property of U of M and will not be returned.
- Name change documentation. If your name has changed as a result of marriage, divorce or other reason, appropriate documentation must be supplied.
- English language proficiency. If your primary language is other than English, you must demonstrate that you are proficient in the use of the English language. This includes Canadian Citizens & Permanent Residents and applicants on Student Authorization (Visa). A brochure with detailed information on English language proficiency may be obtained from our office.

FOR OFFICE USE ONLY

University of Manitoba Faculty/Department approval:

This student has been approved to study in the Faculty

of _____ as an exchange student.

Approval granted by (please print)

Name: _____

Title: _____

Signature: _____

Date: _____

UNIVERSITY OF MANITOBA RESIDENTIAL ACCOMMODATION	ACCOMMODATION DESIRED
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Questions? Call 474-URES (8737) or 1-800-859-8737.

Include \$10.00. It's a non-refundable application fee. Make your cheque or money order (in Canadian funds) payable to University of Manitoba.

Mail to: University of Manitoba, Residence Admissions Office, 110 Pembina Hall, Winnipeg, Manitoba, R3T 2N1

We will notify you of acceptance as soon as possible.

Regular Session ☒ **September 2006** to April 200__ ☐ **January to April 200__**

PLEASE PRINT

Name of Student Rosette Minerva
Last Name Given Name(s)

Student Number Email mine-rosette@hotmail.com

Current Address 4520 Luis Estavillo St.

City Chihuahua Province Chihuahua

Country Mexico Postal Code 31300

Current Phone Number (52) 614-424-0149 Expected faculty of registration Agricultural
area code

Note: All correspondence will be sent to your current address. Please notify us of any changes.

Permanent Address (if different from Current) _____

City _____ Province _____ Postal Code _____

PERSONAL INFORMATION

Sex: Male ☐ Female ☒ Date of Birth: August 07 1986
month day year

Social Insurance Number: Country of Birth: Mexico

Citizenship: Canadian Citizen ☐ Permanent Resident ☐ International Student or Student Authorization ☒

Medical Insurance Number: _____ Coverage By: _____

EMERGENCY CONTACT

Name Carlos Rosette Relationship Father

Address 4520 Luis Estavillo St. City Chihuahua

Province Chihuahua Postal Code 31300

Home Phone (52) 614-424-0149 Work Phone (52) 614-459-2065
area code area code

SIGNATURES

Signature of student (Applicant) Minerva Rosette Date March 20th 2006

Signature of Parent or Guardian _____

From the following choices please choose only those options which you would be willing to accept. Please put in the order of your choice, i.e. 1 for first choice, 2 for second choice, etc. Do not use a number more than once.

TRADITIONAL UNDERGRAD HOUSING

Speechly/Tache Residence
☐ Single ☐ Double
 University College
☐ Single ☐ Double
(male wing)

SPECIAL INTEREST FLOORS*

* all Special Interest Floors are single rooms

Architecture/Interior Design
☐ (located in Speechly/Tache)

Engineering/Sciences
☐ (located in Speechly/Tache)

Graduate House
☐ (located in Speechly/Tache)

Health and Fitness
☐ (located in Speechly/Tache)

Professional/Graduate Student Floor
☐ (located in University College)

Scholars' House
☐ (located in Speechly/Tache)
☐ (located in University College)

International House
☐ (located in Speechly/Tache)

SUITE STYLE HOUSING

☒ Arthur V. Mauro Residence
 (students must be 2nd year of university or higher)

This personal information is being collected under the authority of the U of M Act and will be used to determine applicant's eligibility for residence, to assign accommodation and to identify emergency contacts. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, contact the FIPPA Coordinator's Office (204) 474-8339, c/o Archives and Special Collections, 331 Dineen Library, University of Manitoba, Winnipeg, MB R3T 2N2.

Chihuahua, Chih. A 28 de Marzo del 2006

A quien corresponda:

La oportunidad de participar en un programa de intercambio y cursar un semestre en el extranjero, es una experiencia excelente tanto académica como personal. Mi mayor interés por formar parte de este programa es que de esta forma voy a tener la posibilidad de conocer su cultura y la forma en que ven y manejan los problemas ambientales. Conocer la forma de enseñanza de otro país al igual que los métodos y técnicas que utilizan. También voy a tener la oportunidad de cursar materias, iguales o muy apegadas a las que cursaría aquí en Chihuahua, pero tendrían un enfoque internacional que realmente me gustaría conocer. Otra de las cosas por la que estoy interesada, es para practicar el idioma inglés. No va a ser difícil para mí tomar clases en inglés puesto que ya lo he hecho antes y creo que serían de gran provecho.

Estamos viviendo una era de globalización donde no existen fronteras. Estos programas nos dan las herramientas para poder ser más competitivos a nivel nacional e internacional y lograr un mejor desarrollo profesional. Esto es una gran forma de poder ayudar al desarrollo de nuestro país.

Gracias de antemano por la atención que se sirvan prestar a esta misiva quedo de ustedes.

Atentamente



Pamela Moriel Cano de los Ríos

192757 LC

INSTITUTIONAL TEST SCORE RECORD

Name of Institution: HARMON HALL CHIHUAHUA

Name: MORIEL PAMELA

Student Number: 144227

DOB: 11/5/1984

Sex: F

Degree: Y

Times Taken TOEFL: 1

Native Country: MEXICO

Native Language: SPANISH

Scaled Scores: Listening Comprehension

62

Test Date: 2/17/2006

Structure & Written Expression

57

Form: TOEFL

Reading Comprehension

54

Total Score

577



TOEFL ITP

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I.N. 999998

INSTITUTIONAL TESTING PROGRAM

Student's File Copy

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UNIVERSITY
OF MANITOBA

APPLICATION FOR RESIDENCE ACCOMMODATION

ACCOMMODATION DESIRED

Questions? Call 474-URES (8737) or 1-800-859-8737.

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Mail to: University of Manitoba, Residence Admissions Office, 110 Pembina Hall, Winnipeg, Manitoba, R3T 2N1

We will notify you of acceptance as soon as possible.

Regular Session ☒ September 200⁶ to ^{December} April 200⁶ ☐ January to April 200⁶

PLEASE PRINT

Name of Student Maribel Cano de los Rios Pamela
(Last name) (Given Name)

Student Number Email pamelamoriel@yahoo.com

Current Address Diaz Ordaz 4715 Unidad Presidentes

City Chihuahua Province Chihuahua

Country Mexico Postal Code 31230

Current Phone Number (052) 6144132536 Expected faculty of registration Agricultural and Food Science
area code

Note: All correspondence will be sent to your current address. Please notify us of any changes.

Permanent Address (if different from Current) _____

City _____ Province _____ Postal Code _____

PERSONAL INFORMATION

Sex: Male ☐ Female ☒ Date of Birth: November 05 1984
month day year

Social Insurance Number: Country of Birth: Mexico

Citizenship: Canadian Citizen ☐ Permanent Resident ☐ International Student or Student Authorization ☒

Medical Insurance Number: _____ Coverage By: _____

EMERGENCY CONTACT

Name Irma Cano de los Rios Relationship Mother

Address Diaz Ordaz 4715 City Chihuahua

Province Chihuahua Postal Code 31230

Home Phone (052) 6144132536 Work Phone 052 16143459163
area code area code

SIGNATURES

Signature of student (Applicant) Pamela Moriel Date _____

Signature of Parent or Guardian _____

From the following choices please choose only those options which you would be willing to accept. Please put in the order of your choice, i.e. 1 for first choice, 2 for second choice, etc. Do not use a number more than once.

TRADITIONAL UNDERGRAD HOUSING

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☐ Single ☐ Double

University College

☐ Single ☐ Double
(male wing)

SPECIAL INTEREST FLOORS*

* all Special Interest Floors are single rooms

Architecture/Interior Design

☐ (located in Speechly/Tache)

Engineering/Sciences

☐ (located in Speechly/Tache)

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☐ (located in University College)

Scholars' House

☐ (located in Speechly/Tache)

☐ (located in University College)

International House

☐ (located in Speechly/Tache)

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 268 Drake Centre
 The University of Manitoba
 Winnipeg, Manitoba R3T 2N2
 Canada

Fax: 1-204-474-7529

If you are applying to **any other faculty**, return completed applications to:

Student Exchange Coordinator
 International Centre for Students
 541 University Centre
 The University of Manitoba
 Winnipeg, Manitoba R3T 2N2
 Canada

Fax: 1-204-474-7562

1 Previous application

Please print

Have you **ever** applied for admission to the University of Manitoba?

☐ Yes ☒ No If 'yes', Faculty and year of application:

Faculty: _____ Year: | | | | |

If 'yes' did you register and attend classes?

☐ Yes: year last registered: | | | | | ☐ No

U of M student number (if known): | | | | |

2 Date and duration of program

Indicate your preferred start session:

- ☒ Regular Session: September to December 2006
☐ Regular Session: January to April 20____
☐ Intersession: May and June 20____
☐ Summer Session: July and August 20____

Anticipated end date of program:

Month _____ Year _____

3 Personal information

Family name <u>Marcel Cam de los Rios</u>	
First name and middle name(s). Use full legal names (no initials). <u>Pamela</u>	
Previous or other names	
Date of birth (year/month/day) <u>1984/NOVEMBER/05</u>	Place of birth (province or country)
Country of permanent residence <u>MEXICO</u>	Title (Mr., Miss, Ms, Mrs., Dr., Rev.) <u>MISS</u>
Gender Male ☐ Female ☒	Citizenship <u>MEXICAN</u>

Citizenship and immigration status You must check one box.

- ☐ Canadian Citizen Date of entry if not born in Canada: | | | | | Year Month
☐ Permanent Resident Date of entry: | | | | | Year Month
☒ International student on Student Authorization (Student Visa)

Date of actual or proposed entry into Canada: 12/12/08 Year Month

Passport Number: 02080020180 Year Month

4 Primary language

(primary language refers to the mother tongue)

☐ English ☐ French ☒ Other (specify): Spanish

If English was not your first language, indicate the number of years of English instruction you have received: 14 years

If you have written any of the following: T.O.E.F.L., CanTEST, M.E.L.A.B., I.E.L.T.S., enter the name and date of last writing or date it is to be written.

Test: T.O.E.F.L. Date written: February 17th, 2006

5 Mailing addresses

Current Mailing address valid until _____

Post office box or number and street <u>4715 Diaz Ordaz, Unidad Presidentes</u>	
City or town and province <u>Chihuahua, Chihuahua</u>	
Country <u>Mexico</u>	Postal code <u>31230</u>
Home telephone <u>(052) 614 4132536</u>	Facsimile
E-mail: <u>pamelamariel@yahoo.com</u>	

Permanent home address (if different from above)

Post office box or number and street	
City or town and province	
Country	Postal code
Home telephone	Facsimile

Emergency Contact Person

Name <u>Irma Cam de los Rios</u>	
Relationship <u>Mother</u>	Home telephone <u>(052) 614 4132536</u>
Email Address <u>irma.cam@hotmai.com</u>	

6. Academic History

Please provide a complete listing of all post-secondary institutions you have attended or are attending. Please attach additional sheet if required.

University or college:

Name of Institution	Location	From	To	Program in which you were enrolled (e.g. B.A., B. Sc., etc.)	Major Subject	Degree Conferred	
		Yr. / Mo.	Yr. / Mo.			Yes / Date	No / highest level completed
Current: UACH	CHIH	04'08	06'03	B. Sc.	Ecology		4 th Semester
Previous: SEA	CHIH	03'08	04'06	High school		June 2004	3 rd Year
ITESM	CHIH	00'08	02'06	High school			2 nd Year

7. Home Institution Exchange Approval Name of home institution: UACH

Choose one:	
☐ Bilateral Exchange	☒ Consortium Exchange
This student has been selected according to the terms of the Student Agreement between the University listed above and the University of Manitoba and is nominated for exchange student admission under the terms of this agreement	This student is applying to the UofM through its participation in this exchange consortium. Check one: ☐ CONAHEC ☐ North2North ☐ RAMP ☐ IBSEN ☒ Mobility project through faculty of: <u>Agricultural and Food Science</u> ☐ Other: _____
Exchange Coordinator's name (please print):	
Exchange Coordinator's signature:	
Exchange Coordinator's email:	Date:

8. Study plan

List the courses you plan to take while at the University of Manitoba. Please ensure that you have the prerequisites for the courses you select and that they are offered in the correct semester for the time you will be here. List courses in preferred order (3 to 5 courses per semester). Course information can be found in the *University of Manitoba Calendar* on the internet at <http://webapps.cc.umanitoba.ca/calendar>. The *Registration Guide* is also on the internet. (If you are applying before the next session's *Calendar* and *Registration Guide* are on the website, please use the previous year's as a guideline.) Please attached a separate sheet if more space is required.

U of M Course Code	Course Title/Description	Course Dates
128.340	Introduction to Environment and Health	
128.355	Environmental Analysis	
053.225	Introduction to geographic Info Syst.	
053.320	Introduction to Remote Sensing	
053.455	Topics in Air Pollution: Climatology, location	

9. Home Institution Faculty Approval

(To be completed by the Dean of your Faculty, Registrar or Equivalent officer):

I confirm that the above applicant is currently a student in good standing at this institution and has been permitted to take the courses listed above at the University of Manitoba as part of their degree program.

Name (please print): _____ Position: _____ Faculty: _____ Date: _____

This student is currently enrolled in the following degree program at their home institution: _____

Signature: _____

10. Declaration

Please read all application materials carefully. Failure to disclose relevant facts (including ALL previous attendance at post-secondary institutions) and/or submission of false information or documentation may result in acceptance and registration being withdrawn. If this information is discovered in a subsequent session it may result in dismissal from the University. Registration at a post-secondary institution subsequent to the submission of this application must be declared in writing.

Freedom of Information and Protection of Privacy Act

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the purposes of admission, registration, assessment of academic status, and communication with the student. It may be disclosed to other educational institutions, government departments, and co-sponsoring organizations, and, for those students who are members of UMSU, it will be disclosed to the University of Manitoba Students' Union. Upon graduation, the student's name and address, together with information on degrees, diplomas, and certificates earned will be given to and maintained by the alumni records department in order to assist the University's advancement and development efforts. Information regarding graduation and awards may be made public. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, contact the FIPPA/PIPA Coordinator's Office (tel. 204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, Manitoba, Canada, R3T 2N2.

If you wish to authorize another person to access your information on your behalf, please complete the FIPPA release form available from our office or on our website.

Date: _____

Notice Regarding Disclosure of Personal Information to Statistics Canada
The Federal Statistics Act provides the legal authority for Statistics Canada to obtain access to personal information held by educational institutions. The information may be used only for statistical purposes, and the confidentiality provisions of the Statistics Act prevent the information from being released in any way that would identify a student.

At any time, students who do not wish to have their information used are able to ask Statistics Canada to remove their identifying information from the national database.

Further details on the use of this information can be obtained from Statistics Canada's web site: <http://www.statcan.ca> or by writing to the Post-Secondary Section, Centre for Education Statistics, 17th Floor, R.H. Coats Building, Tunney's Pasture, Ottawa, Ontario, Canada, K1A 0T5.

Transcript Release

- I hereby authorize the release of my University of Manitoba transcript to the University of Manitoba Student Exchange Coordinator, in order that it may be sent directly to my home institution.

Declaration

- I hereby certify that I have read and understood the instructions and information on this application form and on the Application Guide and that all statements made in connection with this application are true and complete.
- I authorize the University to verify any information, transcripts, or reference letters provided as part of this application.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.

Student's signature _____

11. Required Documentation

- Official transcripts.** You must arrange to have official transcripts forwarded along with the application form to the International Centre for Students Office. Student copies or photocopies are not acceptable. Transcripts become the property of U of M and will not be returned.
- Name change documentation.** If your name has changed as a result of marriage, divorce or other reason, appropriate documentation must be supplied.
- English language proficiency.** If your primary language is other than English, you must demonstrate that you are proficient in the use of the English language. This includes Canadian Citizens & Permanent Residents and applicants on Student Authorization (Visa). A brochure with detailed information on English language proficiency may be obtained from our office.

FOR OFFICE USE ONLY

University of Manitoba Faculty/Department approval:

This student has been approved to study in the Faculty
of _____ as an exchange student.

Approval granted by (please print)

Name: _____

Title: _____

Signature: _____

Date: _____