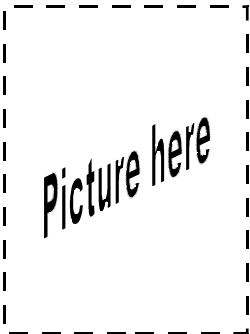




International Student Application
Dirección de Programas Internacionales
Departamento de Intercambio Universitario

Personal Information

NAME (first, middle and last) _____
SHORT NAME _____ BIRTH DATE (dd/mm/yy) _____ AGE _____
BIRTH PLACE (city, state and country) _____
GENDER _____ MARITAL STATUS _____
PERMANENT ADDRESS _____
PHONE + () _____ E-MAIL _____
LANGUAGE _____ OTHER LANGUAGES _____



CONTACT, IN CASE OF EMERGENCY _____
PHONE + () _____ E-MAIL _____
RELATIONSHIP TO THE STUDENT _____

Immigration Information

COUNTRY OF ORIGIN _____ CITIZENSHIP _____
PASSPORT NUMBER _____ VISA NUMBER _____
EXPIRATION DATE (dd/mm/yy) _____ EXPIRATION DATE (dd/mm/yy) _____

THE ACADEMIC REGISTRATION PROCESS WILL BE COMPLETED WHEN VISA INFORMATION IS PROVIDED ON SITE.

Academic Information

YOU ARE COMING AS AN (CHOOSE JUST ONE): EXCHANGE STUDENT _____ INDEPENDENT STUDENT _____
HOME INSTITUTION _____ YEAR OF STUDY _____
MAJOR _____ MINOR _____ GPA _____

Academic Load Information

PLEASE CHECK OR NAME THE COURSES YOU PLAN TO TAKE AND THE VISITING TERM (although you may choose these upon arrival to our office):

COURSES	VISITING TERM
<u>INTENSIVE SPANISH COURSES</u> BEGINNER LEVELS I () II () INTERMEDIATE LEVELS III () IV () V () ADVANCED LEVELS VI () VII () VIII () OR/AND	SPRING _____ Jan – May FALL _____ Aug – Dec
<u>REGULAR COURSES</u> 1. _____ 2. _____ 3. _____ OR/AND	SUMMER May –June _____ June –July _____ July – August _____
<u>SUMMER CULTURE COURSE</u> 1. _____	4-week SPANISH, Session(s): From _____ to _____ YEAR _____



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THE LANGUAGE OF INSTRUCTION AT UAG IS SPANISH, THEREFORE ALL STUDENTS INTERESTED IN TAKING REGULAR ACADEMIC COURSES MUST TAKE A SPANISH PROFICIENCY TEST ON-LINE BEFORE REGISTRATION. ONLY THOSE PLACING IN LEVEL V OR HIGHER WILL BE ELIGIBLE TO REGISTER TO REGULAR ACADEMIC COURSES. THOSE STUDENTS PLACING IN LOWER LEVELS ARE INVITED TO COME TWO MONTHS BEFORE THE BEGINNING OF EACH PERIOD TO TAKE INTENSIVE SPANISH CLASSES, AND BE REASSESED LATER TO MEET THE REQUIREMENT. PLEASE CONTACT MARIA ESTHER DE LA CUESTA AT edelacuesta@hotmail.com TO REQUEST A TEST.

THE MAXIMUM NUMBER OF ACADEMIC CREDITS TO TAKE PER SEMESTER ARE 18 IF YOU TAKE REGULAR COURSES OR UP TO 19 IF YOU TAKE INTENSIVE SPANISH COURSES AND ONE REGULAR COURSE.

ALWAYS REMEMBER TO KEEP YOUR ADVISORS (HOME AND ABROAD) INFORMED OF YOUR PROGRESS.

HOME INSTITUTION STUDENT COUNSELOR APPROVAL (IF IT APPLIES)

I CERTIFY THAT THE STUDENT HAS RECEIVED MY ADVICE AND HAS BEEN APPROVED TO TAKE THE COURSES MENTIONED BEFORE.

NAME _____ POSITION _____
SIGNATURE _____ DATE (dd/mm/yy) _____
PHONE _____ E-MAIL _____

Health Information

INSURANCE POLICY NUMBER _____ COMPANY _____
TYPE OF COVERAGE _____ EXPIRATION DATE _____
BLOOD TYPE _____ PARTICULAR SIGNS _____
DO YOU HAVE ANY MEDICAL CONDITION? (Please specify) _____
ARE YOU UNDER ANY MEDICAL TREATMENT? (Please specify) _____
DO YOU HAVE ANY ALLERGIES? (Please specify) _____

IF YOU DON'T HAVE A VALID HEALTH INSURANCE POLICY, YOU MUST BUY ONE IN MEXICO DURING THE FIRST WEEK OF YOUR STAY. IF YOU ARE UNDER MEDICAL TREATMENT, PLEASE BRING ENOUGH MEDICINE FOR THE DURATION OF YOUR STAY.

General Information

HOW DID YOU FIRST HEAR ABOUT UAG? _____
WHY DID YOU MAKE THE DECISION TO COME TO UAG? _____
DO YOU HAVE ANY FAMILY/FRIENDS WHO HAVE ATTENDED UAG BEFORE? _____

ARE YOU INTERESTED IN PARTICIPATING IN EXTRA-CURRICULAR ACTIVITIES? YES ____ NO ____
WHICH ONES? _____

WHO IS COVERING THE EXPENSES OF YOUR STAY? PARENTS ____ SELF ____ UNIVERSITY ____ OTHER ____
IF OTHER, PLEASE SPECIFY _____

WILL YOU CONSIDER A UAG COORDINATED HOMESTAY? YES ____ NO ____

IF YES, PLEASE FILL UP THE FORM. IF NO, BE AWARE THAT YOU MUST PROVIDE TO THE UNIVERSITY EXCHANGE DEPARTMENT THE COMPLETE ADDRESS WHERE YOU WILL LIVE AS SOON AS YOU SETTLE IN GUADALAJARA, ALONG WITH A LOCAL HOME PHONE NUMBER (OR A LOCAL MOBILE PHONE NUMBER), SO WE CAN CONTACT YOU UNDER ANY SITUATION.



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ALL INTERNATIONAL STUDENTS, WITHOUT EXCEPTION, HAVE THE SAME RIGHTS AND OBLIGATIONS AS REGULAR STUDENTS AND ARE SUBJECT TO THE SAME ADMINISTRATIVE AND ACADEMIC RULES AND REGULATIONS ESTABLISHED BY THE UNIVERSIDAD AUTÓNOMA DE GUADALAJARA AUTHORITIES, INCLUDING THOSE SPECIFIED BY THE INTERNATIONAL PROGRAMS OFFICE.

IF AN INTERNATIONAL STUDENT DOES NOT ATTEND TO HIS/HER CLASSES AT UAG FOR MORE THAN ONE WEEK WITHOUT HAVING INFORMED A VALID REASON TO THE UNIVERSITY EXCHANGE DEPARTMENT, A REPORT WILL BE MADE TO THE NATIONAL IMMIGRATION INSTITUTE, AND ALL THE LEGAL CONSEQUENCES WILL BE UNDER THE STUDENT'S RESPONSIBILITY.

HOME INSTITUTION EXCHANGE OFFICE APPROVAL (IF IT APPLIES)

I CERTIFY THAT THE STUDENT HAS BEEN ACCEPTED TO PARTICIPATE IN OUR INSTITUTIONAL EXCHANGE PROGRAM WITH UAG AND HE/SHE HAS KNOWN AND UNDERSTOOD ITS TERMS AND CONDITIONS.

NAME _____ POSITION _____
SIGNATURE _____ DATE (dd/mm/yy) _____
PHONE _____ E-MAIL _____

STUDENT'S DECLARATION

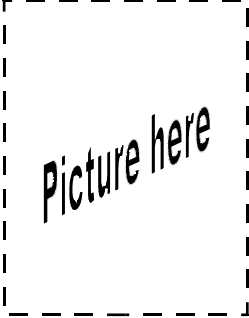
I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND VALID TO ALL RESPECTS AND I UNDERSTAND THAT ALL INFORMATION PROVIDED WILL BE HELD PRIVATE TO THE OWN INTERESTS OF UNIVERSIDAD AUTONOMA DE GUADALAJARA AND THAT FAILURE TO DO SO MAY RESULT IN ISSUES THAT WILL BE MY SOLE RESPONSIBILITY. I ALSO CERTIFY THAT I HAVE THE ECONOMIC MEANS TO SUPPORT ALL THE EXPENSES OF MY STAY WHILE VISITING MEXICO.

NAME _____
SIGNATURE _____ DATE (dd/mm/yy) _____



International Homestay Application
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PLEASE READ THE INTERNATIONAL STUDENT HANDBOOK PAGES 12-13, BEFORE FILLING UP THIS FORM, TO MAKE CERTAIN THAT THIS TYPE OF HOUSING IS RIGHT FOR YOU.



Personal Information

NAME: _____
E-MAIL: _____ TELEPHONE: _____
AGE: _____ GENDER: _____ MARITAL STATUS: _____
RELIGIOUS AFFILIATION: _____

Room Type & Term

SHARED ROOM _____ SINGLE ROOM _____

SPRING _____ FALL _____ SUMMER _____ MAY - JUNE _____
JAN - MAY _____ AUG - DEC _____ JUNE - JULY _____
JULY - AUGUST _____

4-WEEK SPANISH, SESSION(S):
FROM _____ TO _____ YEAR _____

Skills, Interests & Habits

SPANISH SPEAKING SKILLS: NONE _____ BEGINNER _____ INTERMEDIATE _____ ADVANCED _____
INTERESTS/HOBBIES: _____
PREVIOUS TRIPS ABROAD: _____
CHARACTER: OUTGOING _____ SHY _____ INDEPENDENT _____ QUIET _____ SOCIABLE _____
OPTIMISTIC _____ CHEERFUL _____ SERIOUS _____ TALKATIVE _____
ARTISTIC _____ ATHLETIC _____ OTHER: _____
DO YOU SMOKE: YES _____ NO _____
WOULD YOU SHARE A ROOM WITH SOMEONE WHO SMOKES? YES _____ NO _____
ARE PETS OK? YES _____ NO _____ WHICH? _____
DO YOU HAVE ANY SPECIAL DIETARY RESTRICTION? YES _____ NO _____
EXPLAIN: _____
DO YOU HAVE ANY ALLERGIES OR NEED SPECIAL MEDICATIONS? YES _____ NO _____
EXPLAIN: _____
ADDITIONAL COMMENTS OR SPECIAL NEEDS: _____

Flight Information

DATE & TIME OF ARRIVAL, AIRLINE, FLIGHT NUMBER: _____
WILL YOU REQUIRE "PICK-UP-AT-THE-AIRPORT" SERVICE? YES _____ NO _____
EXPECTED DEPARTURE DATE: _____

THIS FORM MUST BE SENT ALONG WITH YOUR \$20 USD RESERVATION FEE AT LEAST 30 DAYS PRIOR TO EACH CLASS PERIOD START.

FOR OFFICE ONLY

ASSIGNED TO: _____
ADDRESS: _____ PHONE: _____
FEE: _____ METHOD OF PAYMENT: _____
COMMENTS: _____