FOTO

MOVILIDAD UNIVERSITARIA

SOLICITUD DE POSTULACIÓN DOCENTES UNIFÉ

F-CECRI-MU.02 (versión 3)

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| --- | --- | --- | --- | --- | --- |
| **DATOS PERSONALES** | | | | | |
| Nombres y Apellidos |  | | | | |
| Código Docente |  | Fecha de Nacimiento | | |  |
| Documento Nacional de Identidad |  | N° de Pasaporte | | |  |
| Dirección Postal |  | | | | |
| Dirección electrónica |  | | Teléfonos |  | |

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| --- | --- | --- | --- | --- |
| **INFORMACIÓN ACADÉMICA** | | | | |
| Grados y Títulos obtenidos |  | | Universidad de estudio |  |
| Departamento Académico al que pertenece |  | | | |
| Área o Cátedra a la que pertenece |  | Cursos que dicta en UNIFÉ |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| Lengua materna: | |  | | | | |
| Nº | Lenguas aprendidas | | habla | lee | escribe | comprende |
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| --- | --- | --- | --- |
| **EN CASO DE EMERGENCIA** | | | |
| Nombre y vínculo de la persona a notificar, en caso de emergencia. | |  | |
| Dirección Postal |  | | |
| Dirección electrónica |  | Teléfonos |  |
| ¿Sufre de alguna dolencia por la que pueda requerir cuidados especiales? | |  | |
| ¿Tiene restricciones alimenticias o sufre de alguna alergia? | |  | |
| Indique la relación de medicamentos que toma diariamente. | | a)  b)  c) | |

Después de llenar esta solicitud, conozco y tengo en consideración los términos y condiciones del Programa de Movilización Universitaria a la que estoy postulando, en cuanto al cronograma de postulación, documentación requerida, e inversión que representa. Declaro que todos los datos consignados en la presente solicitud son totalmente verdaderos y que pueden ser utilizados por la Universidad Femenina del Sagrado Corazón durante el proceso de postulación.. Si tuviera que renunciar al intercambio, me comprometo a informar de inmediato a Movilidad Universitaria, con la finalidad de no perjudicar a otros docentes que se encuentran en lista de espera.

Firma del docente Fecha / /

**PLAN ACADÉMICO DE MOVILIDAD**

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| --- | --- | --- | --- | --- | --- | --- |
| **DATOS PERSONALES** | | | | | | |
| Nombres y Apellidos |  | | | | | |
| Código Docente |  | | Fecha de Nacimiento | | |  |
| Documento Nacional de Identidad |  | | N° de Pasaporte | | |  |
| Dirección Postal |  | | | | | |
| Dirección electrónica |  | | | Teléfonos |  | |
| Departamento Académico al que pertenece | |  | | | | |
| Semestre o fecha que desea realizar la movilidad | | | |  | | |

|  |  |
| --- | --- |
| Universidad Extranjera |  |
| Facultad |  |
| Carrera |  |
| Describa la labor que realizará en la Universidad Extranjera | |
|  | |

El/La Decano(a) de la Facultad ………………………………………………………………………………… y El/La Director(a) del Departamento Académico de ………………………………………………………………… de la Universidad Femenina del Sagrado Corazón aprueban el Plan Académico de Movilidad del docente.

La Molina, …………………………………………………………

|  |  |
| --- | --- |
| Firma  Decano (a) de la Facultad Fecha | Firma  Director (a) Departamento Académico |

COMPROMISO DE RETORNO PARA DOCENTES UNIFÉ

# Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, docente adscrito al Departamento Académico de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de la Facultad de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de la Universidad Femenina del Sagrado Corazón, me comprometo a retornar al Perú al término de la estancia en el marco de la movilidad docente en la Facultad de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ del Departamento\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, de la Universidad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ciudad), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.(país), desde el \_\_\_\_\_\_\_\_\_ hasta el \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 2016.

Por tal motivo, suscribo el presente documento en señal de compromiso a los \_\_\_\_\_\_\_ días del mes de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ del año dos mil dieciséis.

Firma del docente UNIFÉ

Nombre completo

DNI N°

N° Pasaporte

**TRADUCCION**

**-SOLICITUD DE POSTULACION DOCENTES UNIFE**

**ACADEMIC MOBILITY**

PHOTO

**UNIFE PROFESSORS APPLICATION FORM**

F-CECRI-MU.02 (Third version)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | |
| Full name |  | | | | |
| Enrollment code |  | Date of Birthday | | |  |
| National Identity Document |  | Passport Number | | |  |
| Address |  | | | | |
| E-mail |  | | Telephones |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACADEMIC INFORMATION** | | | | |
| Diplomas obtained |  | | Host University |  |
| Academic Department |  | | | |
| Faculty/School/Department |  | Courses taught at UNIFÉ |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tongue language: |  | | | | |
| Foreign languages | | Speak | Read | Write | understand |
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| --- | --- | --- | --- |
| **IN CASE OF EMERGENCY** | | | |
| Name and bond of person to be notified in case of emergency. | |  | |
| Address |  | | |
| E-mail |  | Telephones |  |
| Do you have any disease, which you require special needs? | |  | |
| Any dietary restrictions or allergies? | |  | |
| Report the Medicine you take every day. | | a)  b)  c) | |

After filling the present application, I have known the terms and conditions of UNIFE Mobility Program, its schedule of application, documentation required and expenses, I am applying to. I hereby state the information provided in this application is true and can be used by UNIFE during this application. If I refuse the exchange, I’m committed to inform the Academic Mobility immediately, in order to consider the other professors who are interested in the program.

Professor’s signature Date / /

**ACADEMIC MOBILITY PLAN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | |
| Full name |  | | | | | |
| Professor code |  | | Date of birth | | |  |
| National Identity Document |  | | Password number | | |  |
| Address |  | | | | | |
| E-mail |  | | | Telephones |  | |
| Academic Department | |  | | | | |
| Term or date in which you want to apply | | | |  | | |

|  |  |
| --- | --- |
| Host University |  |
| Faculty |  |
| Professional Career |  |
| Describe the work to do in the Host University | |
|  | |

The Dean of the Faculty ………………………………………………………………………………… and the Headmaster of the Academic Department of ………………………………………………………………… of UNIFE validate the Academic Mobility Plan.

La Molina, …………………………………………………………

|  |  |
| --- | --- |
| Dean of the Faculty | Headmaster of the Academic Department |

Date:

COMMITMENT TO RETURN FOR UNIFE PROFESSORS

F-CECRI-MU.06

# I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, professor of the Academic Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of UNIFE, am committed to return to Peru, through the academic mobility program, at the end of the stay in the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city),\_\_\_\_\_\_\_\_\_\_\_\_\_ (country), from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ 2016.

In witness thereof, the present document is endorsed as an irrevocable commitment on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2016.

UNIFE professor’s signature

Full name

ID:

Passport number