FOTO

MOVILIDAD UNIVERSITARIA

SOLICITUD DE POSTULACIÓN ESTUDIANTES UNIFÉ

F-CECRI-MU.01 (versión 3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INFORMACIÓN PERSONAL** | | | | |
| Nombres y Apellidos |  | | | |
| Código de Matrícula |  | Fecha de Nacimiento | |  |
| Documento Nacional de Identidad |  | N° de Pasaporte | |  |
| Dirección Postal |  | | | |
| Dirección electrónica |  | Teléfonos |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INFORMACIÓN ACADÉMICA** | | | | | |
| Facultad |  | | | | |
| Programa Académico |  | | | Ciclo de matrícula |  |
| Especialidad |  | Promedio ponderado |  | Créditos aprobados |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Lengua materna: | |  | | | | |
| Nº | Lenguas aprendidas | | habla | lee | escribe | comprende |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 de la UNIFÉ 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 las estudiantes que se encuentran en lista de espera.

Firma del estudiante Fecha / /

**CARTA DE INTENCIÓN DEL ESTUDIANTE (MÁXIMO UNA CARA)**

Explica la motivación y objeto de estudio en las asignaturas elegidas en la universidad de destino

y cómo contribuirá lo aprendido en su formación como profesional.

Nombre estudiante: Firma estudiante:

Fecha:

**PLAN ACADÉMICO DE MOVILIDAD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Nombres y Apellidos |  | | | | | | |
| Código de Matrícula |  | | | Fecha de Nacimiento | |  | |
| Facultad |  | | | | | | |
| Programa Académico |  | | | | | Ciclo de matrícula |  |
| Especialidad |  | | Promedio ponderado | |  | Créditos aprobados |  |
| Semestre que desea realizar el intercambio | |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Universidad Extranjera | |  | | | |
| Facultad | |  | | | |
| Carrera | |  | | | |
| Código | Asignatura Universidad extranjera | | Código | Asignatura UNIFÉ | Ciclo |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

La/El Director(a) de la Escuela Profesional de …………………………………………………………………..de la Universidad Femenina del Sagrado Corazón aprueba el Plan Académico de Movilidad.

|  |  |
| --- | --- |
| Fecha | Firma  Director(a) de Escuela |

La/El estudiante está de acuerdo con el Plan Académico de Movilidad.

|  |  |
| --- | --- |
| Fecha | Firma  Estudiante |

La convalidación en la UNIFÉ se realizará una vez que la/el estudiante entregue en su respectiva Escuela Profesional la constancia de notas de las asignaturas cursadas y aprobadas en la universidad extranjera.

**MOVILIDAD UNIVERSITARIA**

COMPROMISO DE RETORNO PARA ESTUDIANTES UNIFÉ

F-CECRI-MU.06

# Yo, NOMBRES APELLIDOS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, con código de matrícula N°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, de la Escuela Profesional\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, de la Facultad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

me comprometo a retornar al Perú al término de la beca de estudios, por movilidad estudiantil, durante el semestre académico 2016 - \_\_\_\_ en la Facultad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Escuela\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, de la Universidad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ciudad), \_\_\_\_\_\_\_\_\_\_\_\_\_ (país), desde el \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hasta el \_\_\_\_\_\_\_\_\_\_\_\_\_ de 2016.

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

Firma de la estudiante UNIFÉ

Nombre completo

Código de estudiante UNIFÉ

N° Pasaporte

**TRADUCCION**

**-SOLICITUD DE ESTUDIANTES UNIFE**

**ACADEMIC MOBILITY**

PHOTO

**UNIFE STUDENTS APPLICATION FORM**

F-CECRI-MU.03A (Third version)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACADEMIC INFORMATION** | | | | | |
| Faculty |  | | | | |
| Academic program |  | | | Term of enrollment |  |
| Specialty |  | Grade point average |  | Credits approved |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tongue language: |  | | | | |
| Other languages | | Speak | Read | Write | understand |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 students who are interested in the program.

Student’s signature Date / /

**MOTIVATION LETTER (ONLY ONE PAGE)**

Explain motivation and study object in the subjects chosen at UNIFÉ and the way these will contribute in your professional training

Student name: Student signature:

Date:

**ACADEMIC MOBILITY PLAN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name |  | | | | | | |
| Enrollment code |  | | | Date of Birth | |  | |
| Faculty |  | | | | | | |
| Academic Program |  | | | | | Term of enrollment |  |
| Specialty |  | | Grade point average | |  | Credits approved |  |
| Term in which you want to apply | |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Host university | |  | | | |
| Faculty | |  | | | |
| Professional career | |  | | | |
| Code | Host university subject | | Code | UNIFE subject | Term |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

The Headmaster of the Professional School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of UNIFE validates the Academic Mobility Plan.

|  |  |
| --- | --- |
| Date | School Headmaster |

The student agrees the Academic Mobility Plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date | Student |

The admission at UNIFE university will be done once the student has submitted the transcript of records with the corresponding subjects - studied and passed, issued by the home university to the respective Professional School.

**ACADEMIC MOBILITY**

COMMITMENT TO RETURN FOR UNIFE STUDENTS

F-CECRI-MU.06

# I, (FULL NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identified with enrollment code N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of the Professional School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am committed to return to Peru, through the academic mobility program, at the end of the grant during the academic term 2016 - \_\_\_\_ in the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, School 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 student’s signature

Full name

UNIFE student’s code

Passport number