MOVILIDAD UNIVERSITARIA

PHOTO

INTERNATIONAL STUDENTS APPLICATION FORM

F-CECRI-MU.03A (Versión 03)

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| --- |
| **PERSONAL INFORMATION** |
| Name and Last Name (as it appears in passport) |  |
| Birthday |  | Nationality |  |
| National Identity Document |  | Passport Number |  |
| Address |  |
| E-mail  |  | Telephones  |  |

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| **ACADEMIC INFORMATION** |
| Home institution |  |
| Faculty/School/Departament: |  |
| Enrollment Code |  |

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| **LODGING INFORMATION** |
| Date of arrival to Lima |  | Do you need assistance for accommodation?  | If that the case, refer the type of accommodation you prefer (mark with an X your choice) | Family’s house |  |
| Time of arrival to Lima |  | Hostel  |  |
| Airlines |  | Hotel  |  |
| Flight Number |  | Departament |  |
| If you found a place to stay, inform us the address, telephone and contact name. |  |

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| **IN CASE OF EMERGENCY** |
| Name of person to be notified in case of emergency. Indicate her/his student’s bond. |  |
| Address |  |
| Telephones |  |
| E-mail |  |
| Do you have any disease which you require special needs for? |  |
| Food restrictions or allergies? |  |
| Report the Medicine you take everyday. |  |

After completing this 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 that the information provided in this application is true. If I am admitted I agree to accept all my academic obligations and the administrative regulations of the Institution and the School I assist.

Student’s signature Date / /

**MOTIVATION LETTER (ONLY ONE PAGE)**

Explains motivation and study object in the subjects chosen at UNIFÉ and how they will contribute in your professional training

l.

Student name: Student signature:

Date:

**ACADEMIC MOBILITY PLAN**

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| --- | --- |
| Name and Last Name |  |
| Nationality |  | Birthday  |  |
| Home Institution |  |
| School |  |
| City /Country |  | Average  |  | Credits approved |  |
| Term in which you want to apply |  |

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| --- | --- |
| Host Faculty |  |
| Professional School |  |
| Code | UNIFÉ subject | Term | Code  | Home Institution subject |
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The Director of the Professional School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city, country) validates the Academic Mobility Plan.

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| Date  | Firma Director(a) de Escuela |

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

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| --- | --- |
| Date | Firma Estudiante  |

La Universidad Femenina del Sagrado Corazón acepta la candidatura

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| --- | --- |
| Date | Firma Estudiante  |