MOVILIDAD UNIVERSITARIA

PHOTO

INTERNATIONAL STUDENTS APPLICATION FORM

F-CECRI-MU.03A (Versión 03)

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  | Apartment |  |
| 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? | |  |
| Food restrictions or allergies? | |  |
| Report the Medicine you take every day. | |  |

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)**

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**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.

|  |  |
| --- | --- |
| Date | University Responsible Authority |

The student agrees the Academic Mobility Plan.

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

UNIFE accepts the student mobility.

|  |  |
| --- | --- |
| Date | UNIFE Responsible Authority |