

PHOTO

MOVILIDAD UNIVERSITARIA

INTERNATIONAL PROFESSORS APPLICATION FORM

F-CECRI-MU.04A

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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 | |  | | Country/city | | |  | |
| Faculty/School/Departament: | |  | | | | | | |
| Department or chair | |  | | Courses taught at home institution | | |  | |
| Diplomas obtained | |  | | University of study | | |  | |
| Tongue language |  | | | | | | | |
| Learned languages | | | Speak | | read | write | | understand |
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| **MOBILITY PROGRAM** | |
| Term in which you want to apply |  |
| Description of Project/Research to follow. |  |
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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 |  | 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 professor’s bond. | |  |
| Address |  | |
| Telephones |  | |

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| --- | --- |
| E-Mail |  |
| Do you have any disease, which you require special needs? |  |
| Food restrictions or allergies? |  |
| Report the Medicine you take every day. | a)  b)  c) |

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.

Professor’s signature Date / /

FOTO

MOVILIDAD UNIVERSITARIA

SOLICITUD DE POSTULACIÓN DOCENTES EXTRANJEROS

F-CECRI-MU.04 (Versión 02)

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| **DATOS PERSONALES** | | | | | |
| Nombres y Apellidos  (tal como figuran en el pasaporte) |  | | | | |
| Código Docente |  | Fecha de Nacimiento | | |  |
| Documento Nacional de Identidad |  | N° de Pasaporte | | |  |
| Dirección Postal |  | | | | |
| Dirección electrónica |  | | Teléfonos |  | |

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| **INFORMACIÓN ACADÉMICA** | | | | | | | | |
| Universidad de Origen | |  | | País / Ciudad | | |  | |
| Facultad/Escuela/Departamento al que pertenece | |  | | | | | | |
| Área o Cátedra a la que pertenece | |  | | Cursos que dicta en universidad de origen | | |  | |
| Grados y Títulos obtenidos | |  | | Universidad de estudio | | |  | |
| Lengua materna |  | | | | | | | |
| Lenguas aprendidas | | | habla | | lee | escribe | | comprende |
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| **PROGRAMA DE MOVILIZACIÓN** | |
| Semestre que desea realizar el intercambio |  |
| Descripción del Proyecto/Investigación a seguir: |  |
|  | |

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| **INFORMACIÓN DE HOSPEDAJE** | | | | | |
| Fecha de arribo a la ciudad de Lima |  | ¿Requiere asistencia para elegir alojamiento? | De ser así, indique el tipo de alojamiento que preferiría (marque con una X) | Casa de familia |  |
| Hora de arribo a la ciudad de Lima |  | Casa de pensión |  |
| Aerolínea |  | Hotel u Hostal |  |
| N° de Vuelo |  | Departamento |  |
| De contar con alojamiento, indique la dirección, teléfono y la persona de contacto. | | |  | | |

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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 |  |

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| ¿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 / /