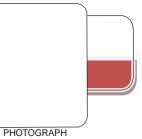


# DIRECTION OF INTERNATIONAL RELATIONS INTERNATIONAL STUDENT MOBILITY

**APPLICATION FORM** 

(Computer written, or with block letters printed in black ink)



PERSONAL INFORMATION			
SURNAME (S):			
NAME (S):			
PASSPORT NUMBER:			
PASSPORT EXPIRATION DATE:			
DATE OF BIRTH:	NATIONALITY		
PERMANENT ADDRESS: If you are an independent international student, you will receive your If you are an Exchange student, you will receive it through the International student.	letter of acceptance at this addres ational Coordinator at your univers	is. sity.	
STREET:	N°	APARTMENT:	
ZIP/ POSTAL CODE:	CITY:	COUNTRY:	
TELEPHONE: (COUNTRYCODE+ AREACODE+ NUMBER)			
PERMANENT E-MAIL (All information will be sent to this address):			
UNIVERSITY:			
ACADEMIC PROGRAM:			
PERSON TO CONTACT IN CASE OF EMERGENCY:			
TELEPHONE: (COUNTRYCODE+ AREACODE+ NUMBER)			
RELATION:			
E-MAIL ADDRESS:			
		,	

ACADEMIC INFORMATION		
STUDIES THAT YOU WANT TO ATTE	ND AT UNIVERSIDAD DE TALCA:	
	GRADUATE	

Faculty or School which you are applying to:
If you want to spend 1 or 2 academic semesters, list the courses of interest:
If you want to carry out research during your stay, indicate the subject and area:
If you want to complete a training period, indicate the area of interest:

Spanish language:				
		1	T	
	Reading	Listening	Speaking	Writing
Beginner				
Average				
Fluent				
Native				

Academic period that you want to attend:

Semester I (March-July)

Semester II (August-December)

Other (Specify)

CHECKLIST OF DOCUMENTATION	CHECKLIST	OF DOCUMEN	NTATION
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- To complete acceptance, this form must be signed by the applicant and the Director/Coordinator of the International Office.
- Curriculum Vitae
- Transcript of Records (original and simple translation to Spanish or English)
- Language Certificate (if applicable)
- Copy of Passport
- Copy of student visa at least 30 days before the start of the semester

### **VISA INFORMATION**

According to the established Foreign Rules of the Government of Chile (Supreme Decree N°597), all international students enrolled in an education institution must obtain a student visa at the Chilean Embassy in their home country.

All accepted international students who want to study at Universidad de Talca must, with no exception, send a copy of their student visa by post or e-mail no later than 30 days before their arrival.

### PERSONAL DECLARATION

I, do hereby swear and attest that all of the information above about me and my home institution is true and correct. In case of being admitted by Universidad de Talca, I promise to comply with its rules. I also understand that my application may be rejected in case of having omitted information.

Name:

Signature:

## **EXCLUSIVE USE BY THE UNIVERSITY OF TALCA**

#### TYPE OF EXCHANGE AGREEMENT

Bilateral agreement between the sending institution and Universidad de Talca

CINDA Program

Other agreement. Please detail.

None (Independent student)

NAME OF THE INTERNATIONAL AREA COORDINATOR:

TELEPHONE: (COUNTRY CODE + AREA CODE + NUMBER):

FAX: (COUNTRY CODE + AREA CODE + NUMBER):

E-MAIL ADDRESS:

STUDENT'S FINANCIAL SUPPORT FOR INTERNATIONAL MOBILITY:

Name and approval of the International Coordinator of sending institution (No application will be processed without sending institution approval)

DATE

SIGNATURE