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**Application Form**

**Global Opportunities at**

**Universidad de los Andes**

**GO Spanish**

**“Intensive Spanish Courses”**

**July 3th – 28th, 2017 | Santiago, Chile**

**Personal Information:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | | | | | | | |
| Last Name |  | | | | | | | | |
| Permanent Address | | |  | | | | | | |
| City |  | | | Zip Code | | | | |  |
| Country |  | | | | | | | | |
| Telephone |  | | | |  | |  | | |
| E-mail |  | | | | | | | | |
| Gender |  | | | | | | | | |
| Date of Birth (dd/mm/yy): | | |  | | | | | | |
| Nationality | |  | | | | Passport Nº | |  | |
| Issue Date  (yy/mm/dd) | |  | | | | Expire Date(yy/mm/dd) | |  | |

In case of emergency, please contact:

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Address |  |
| City |  |
| Country |  |
| Telephone Include area codes |  |
| E-mail |  |

**Academic Information**

|  |  |
| --- | --- |
| *Home University* |  |
| *School* |  |
| *Year* |  |
| *City /State* |  |
| *Country* |  |

|  |  |
| --- | --- |
| *Program name at UANDES* | **GO UANDES - Spanish 2017** |
| *Start Date of the Program* | **(*From*) (03/07/2017)** |
| *Indicate End Date of the Program* | **Hasta (*Up to*) (28/07/2017)** |

**Language Skills**

Your native language is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not a Spanish native speaker, please complete:

|  |  |  |  |
| --- | --- | --- | --- |
| **Spanish** | | | |
| \_\_\_\_  None | \_\_\_\_  Basic | \_\_\_\_  Intermediate | \_\_\_\_  Advanced |

**Medical Information**

|  |
| --- |
| Please indicate if you suffer from any disease that requires constant medical attention during your stay in Chile. |

It is a mandatory requirement for students to have a Medical Insurance with international coverage during their visiting term(s) in Chile.

*I confirm that all the information provided in this application form is accurate and can be used by Universidad de los Andes strictly for the exchange program procedures.*

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

*Student’s signature*

\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

*Date*

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**CHECKLIST**

Please be sure to send us the following documents:

* Application Form
* Copy of Passport (Personal Information)
* 1 ID *size photograph*
* Health Insurance document
* Requirement for invitation letter if you need a tourist visa to enter Chile

|  |
| --- |
| *Application forms can be submitted until March 30th, 2017.*  *Please send all the information scanned in a PDF document to:*  [**fgibson@uandes.cl**](mailto:fgibson@uandes.cl) |