



Universidad de
los Andes

Application Form Global Opportunities at Universidad de los Andes

GO Leadership

**“Leadership in a Chilean and Latin-American context”
January 3th – 26th, 2018 | 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 N°	
Issue Date (yy/mm/dd)		Expire Date (yy/mm/dd)	

In case of emergency, please contact:

First Name	
Last Name	

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 psychological or physical 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

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Date



CHECKLIST

Please be sure to send us the following documents:

- Passport photocopy
- 1 ID size *photograph (scanned)*
- Requirement for invitation letter if you need a tourist visa to enter Chile

Application forms can be submitted until October 30th, 2017.

Please send all the information scanned in a PDF document to:

fgibson@uandes.cl