

INTERNATIONAL EXCHANGE PROGRAM APPLICATION FORM

I. SENDING INSTITUTION

Name of the Institution _____

Address _____

Exchange Students Supervisor/ Advisor _____

Institution Exchange Office Address _____

Exchange Office/Advisor's Phone _____

Supervisor/Advisor's e-mail _____

II. PERSONAL INFORMATION

First Name _____

Last Name _____

Address _____

Country _____

Phone _____

E-mail _____

Date of Birth (Day Month Year) _____

Gender:

_____ Male _____ Female

Place of Birth _____

Country _____

Nationality _____

Passport Number _____

III. LANGUAGE COMPETENCE

Native Language _____

Other languages _____

Level of competence in Spanish: In order to be accepted, the student must certificate B2 level of proficiency in Spanish issued by DELE. Please attach DELE certificate to your application.

IV. ACADEMIC PROFILE

Indicate the program you are currently enrolled in:

V. UAI ACADEMIC PROGRAM & EXCHANGE TERM

Indicate the program you wish to attend to at Universidad Adolfo Ibáñez

_____ Magíster Literatura Comparada

_____ Magíster Historia del Arte

Beginning on: _____ Ending on: _____

Academic Year: 20___/20___

DATE AND SIGNATURE

* Send to maria.bellot@uai.cl and martina.bortignon@uai.cl