



Universidad de
los Andes

Application Form

Universidad de los Andes

UANDES BUSINESS EXCHANGE SEMESTER

Second Semester July-December 2015

Personal Information:

| | | | |
|-----------------------------|--|---------------------------|--|
| First Name | | | |
| Last Name | | | |
| Permanent Address | | | |
| City | | Zip Code | |
| Country | | | |
| Telephone | | Fax | |
| E-mail | | | |
| Gender | | | |
| Date of Birth (dd/mm/yy) | | | |
| Nationality | | Passport N° | |
| Issue Date (yy/mm/dd) | | Expire Date (yy/mm/dd) | |

Academic Information

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

Language Skills

| |
|--------------------------------|
| Your native language is: _____ |
|--------------------------------|

Other languages:

| | | |
|-------------|-------------------|---------------|
| Other _____ | | |
| Basic ____ | Intermediate ____ | Advanced ____ |

Courses you wish to take at Universidad de los Andes during the UANDES BUSINESS EXCHANGE SEMESTER

Please select the courses from the following list (Maximum: 5):

English Courses:

- ☐ Business Strategy
☐ Marketing Research
☐ Latin American Politics
☐ Human Behavior and Leadership
☐ Latin American Business and Development

Spanish Language

- ☐ Spanish for beginners: for students with no command of Spanish
☐ Spanish Intermediate: for students with an intermediate level of Spanish

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.*

In case of emergency, please contact:

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

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 UANDES BUSINESS EXCHANGE SEMESTER.

Student's signature _____

Date: ____ / ____ / ____

**Letter of intention from the student to study at Universidad de los Andes
(30 lines, in English)**

Name

Date and signature

CHECKLIST

Please be sure to send us the following documents:

- ☐ **Academic records**
Academic records
- ☐ **Letter of intention from the student to study at Universidad de los Andes (30 lines, in English)**
- ☐ **Passport photocopy**
- ☐ **ID size photograph**

Please send all the information requested scanned as a pdf document to:

Elena Blanch / email: mblanch@uandes.cl