



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: _____
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### 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:**

<b>First Name</b>			
<b>Last Name</b>			
<b>Address</b>			
<b>City</b>			
<b>Country</b>			
<b>Telephone</b> Include area codes		<b>Fax</b> Include area codes	
<b>E-mail</b>			

*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)**

A large empty rectangular box intended for the student to write their letter of intention.

Name

Date and signature



Universidad de  
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## 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](mailto:mblanch@uandes.cl)**