

**INTERNATIONAL EXCHANGE PROGRAM
APPLICATION FORM**

Instructions

1. Below you will find the application form for "Universidad de los Andes". You should fill out every item and sign it. Besides you should submit the following documents:

	Official transcripts (academic records) of all university level study.
	List of the courses that you are currently enrolled now.
	Statement of purpose in Spanish
	Photocopy of the Main Page in your Passport (Mandatory)
	Two (2) photographs (Passport Size).
	Application Form.
	Learning Agreement

2. Please send the COMPLETE documentation to the following address:

Tobias Lechtenfeld/Jan Priebe
OEC-2.209
Platz der Goettinger Sieben 3
37073 Goettingen
Germany



APPLICATION FORM
INTERNATIONAL EXCHANGE PROGRAM

PLEASE TYPE THIS FORM

A. Personal Information

- First Name:
- Last Name:
- Day of Birth:

Day /Month / Year
- Place of Birth:
- Gender: M ☐ F ☐
- Marital Status: ☐ Single ☐ Married ☐ Other Specify:
- Country of Citizenship:
- Passport Number:
- E-Mail:
- Actual Address:

Good Through:

Day / Month / Year

- Telephone:

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- Alternate address (For mailing):
- Alternate telephone (Corresponding to the address above):

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1. Academic Information Home Institution:

- Home University:
- Area of studies at the Home Institution:
- Level of studies at home Institution: Undergraduate ☐ Master ☐
First year ☐ Second year ☐ Third year ☐ Fourth year ☐

2. Academic Information Universidad de los Andes:



- Area of study requested at UniAndes:
- Level of studies: Undergraduate ☐ Master ☐
- Semester you wish to study at los Andes: August – December ☐ January – May ☐
- Are you interested in the Spanish summer course from July 6th to July 27th:
Yes ☐ No ☐

3. Family information

- Father's Name (First Name, Last Name):
- Address:
- Telephone: 00-
- Mother's Name (First Name, Last Name):
- Address:
- Telephone: 00-

B. ACADEMIC HISTORY

Please include all the Universities and colleges that you have been in.

University/College	City	From/To (Dates)	Degree	Year

- If there is any period of time not included in your Academic History not included above, please specify (E.G. Military, Traveling, working)

C. PRELIMINARY ENROLLMENT OF COURSES

Please complete the learning agreement with the courses that you would like to take in Universidad de Los Andes. Have it signed by your academic coordinator, and send it to us with this application form.

Take into account the following things:

- ✚ Be aware that every student can take maximum 18 credits (Approximately 6 courses). All international students should take minimum 3 classes.
- ✚ Please specify several options, in case that the courses are full. You can check the courses in the following webpage:
http://registro.uniandes.edu.co/scripts/adm_con_horario.php
- ✚ **Notice that not all the courses are available every semester. Therefore, your final class schedule will be available during the week of registration.**

You will have to register your classes using the admissions system from the university.

D. LANGUAGES

Number of university level Spanish courses taken:

ESPACIO PARA SER RESPONDIDO POR UN PROFESOR DE ESPAÑOL

- Por favor describa las habilidades del estudiante para realizar estudios en español:

- Nivel actual de español según el marco de referencia europeo:

B1		B2		C1		C2	
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- Nombre del Profesor:
- Cargo:
- Firma: _____
- e-MAIL: _____
- Fecha:

Be aware that most of our courses are taught in Spanish; therefore, the student should be responsible for having a minimum Spanish level in order to understand and comply with class requirements properly.



E. HOUSING INFORMATION

The university doesn't have accommodation on campus or off campus for students; however, we facilitate some information on how to search according to their requirements.

- ¿Do you need any help (from Universidad de los Andes) to find a place to live in?
Yes ☐ No ☐
- If your answer to the last question is Yes, please choose the conditions that you prefer:
Family Housing ☐
Share an apartment ☐
Live alone ☐
Live near the University ☐

If you have any additional comment about housing please use the space below:

F. HEALTH INFORMATION

- Do you have any physical problem that could affect your development in the exchange program or that could require any special support during the period that you will be in Universidad de Los Andes?
Please specify:

- Do you have to use any medication regularly? Specify which.

- Universidad de Los Andes demands that ALL the International Students have a Medical Insurance that covers all the time they are in Colombia. This insurance is necessary for admission at the University
- To reduce the risk of being infected with any disease we strongly recommend the following vaccines before your arrival to Colombia:
* Tuberculosis * Tetanus * Diphtheria *Yellow Fever * Hepatitis B
- All the students registered in Universidad de Los Andes are covered by an Accident and Hospitalization Health Insurance.



IN CASE OF ACCIDENT OR ILLNESS PLEASE NOTIFY:

Name (First Name, Last Name):

Telephone:

e-mail:

Health Insurance No.:

Company:

Expiration Date

Day/ Month/ Year

I AUTHORIZE THE EXCHANGE PROGRAM COORDINATOR IN UNIVERSIDAD DE LOS ANDES TO NOTIFY IN CASE OR ACCIDENT OR ILLNESS TO THE PERSON MENTIONED ABOVE AND TO MY HOME UNIVERSITY

Student's Signature

Witness

I CERTIFY THAT ALL THE INFORMATION ABOVE IS TRUE.

Student's Signature

**International Students Office Coordinator
Signature**

Name (First Name, Last Name)

Name (First Name, Last Name)