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|  | | logo_ulagos_traz_RGB.jpgDIRECCION DE RELACIONES INTERNACIONALES | | | | | | | | | | | | | | | | | | | | | | | | FOTO DIGITAL  *DIGITAL PICTURE* | | | | |
| FORMULARIO DE POSTULACIÓN b: Estudiantes INTERNACIONALES EN ulagos  *Application Form B: International Students at ULAGOS* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ****1. IDENTIFICACIÓN DEL ESTUDIANTE / *STUDENT ID***** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APELLIDO PATERNO / Surname** | | | | | | | | | **APELLIDO MATERNO /  Mother´s maiden name if used** | | | | | | | | **NOMBRES/*First & middle name*** | | | | | ****Nº PASAPORTE / *Passport* #**** | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | |
| **FECHA DE NAC. / *Date of birth*** | | | | | | | | | **LUGAR DE NAC. / *Place of birth*** | | | | | | | | **NACIONALIDAD / *Nationality*** | | | | | ESTADO CIVIL Marital status | | | | ****SEXO /*Gender***** | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | | | |
| **DIRECCIÓN PERMANENTE en el ext. /*Permanent home address*** | | | | | | | | | | | | | | | | | **TELÉFONO / *Phone #*** | | | | | *e-mail* | | | | | | | | |
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| **CARRERA / PROGRAMA**  ***Home degree program*** | | | | | | | | | **SEMESTRE /*Term*** | | | | **PROMEDIO**  ***GPA*** | | | | EN CASO DE EMERGENCIA AVISAR A / *Emergency Contact* | | | | | **PARENTESCO *Relationship*** | | | | **TELÉFONO *Phone #*** | | | | |
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| 2. DATOS DE LA PASANTÍA / *INSTITUTIONAL INFORMATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UNIVERSIDAD DE ORIGEN/*Home University*** | | | | | | | | | | | | **CIUDAD / *City*** | | | | | **PAÍS/Country** | **NOMBRE DE LA CARRERA / PROGRAMA  *Program at Ulagos*** | | | | | | | | | | | | |
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| **DURACIÓN / *Duration*** | | | | | **INICIO / *Start date*** | | | | | | | **TÉRMINO / *End date*** | | | | | **TIPO DE PASANTÍA** | **ESTUDIOS REGULARES (responder A)**  **PRÁCTICAS PROFESIONALES (responder B)**  **INVESTIGACIÓN (responder C)** | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | |
| ****ESTUDIOS REGULARES**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLAN DE ESTUDIOS EN ULAGOS** | | | | | | | | | | | | | | | | | **PLAN DE ESTUDIOS EN INSTITUCIÓN ORIGEN** | | | | | | | | | | | | | |
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| 1. **PRÁCTICAS PROFESIONALES / Interships** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TIPO DE PRÁCTICA** | | | | | | | **AREA DE ESPECIALIZACIÓN** | | | | | | | | | | | | | | | | | **TOTAL DE HORAS** | | | | | | |
| **PRÁCTICA PROFESIONAL**  **PRÁCTICA INTERMEDIA**  **VOLUNTARIADO** | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
| **DESCRIPCION Y OBJETIVOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ****INVESTIGACIÓN / *Research***** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE DEL ACADÉMICO QUE SUPERVISARÁ EN UNIV. ORIGEN** | | | | | | | | | | | | | | | | **NOMBRE DEL ACADÉMICO QUE SUPERVISARÁ EN ULAGOS** | | | | | | | | | | | | | | |
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| **TIPO DE ACTIVIDAD** | | | **DESCRIPCION Y OBJETIVOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOCTORADO**  **MAGISTER**  **PREGRADO**  **OTRA** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. IDIOMAS / *Languages*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INGLÉS / *English*** | | | | | | | | **FRANCÉS / *Francaise*** | | | | | | | | **OTRO / *Other*:\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | **OTRO /  *Other*:*\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | | |
| BASICO / *Beginner* | | | |  | | | | BASICO / *Beginner* | | | | | | |  | BASICO / *Beginner* | | |  | | BASICO / *Beginner* | | | | | | | |  |
| INTERMEDIO */ Inter.* | | | |  | | | | INTERMEDIO */ Inter.* | | | | | | |  | INTERMEDIO */ Inter.* | | |  | | INTERMEDIO */ Inter.* | | | | | | | |  |
| AVANZADO /Advanced | | | |  | | | | AVANZADO /Advanced | | | | | | |  | AVANZADO /Advanced | | |  | | AVANZADO /Advanced | | | | | | | |  |
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| ****4. FINANCIAMIENTO / *Financial Support***** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ESTIMACIÓN DE GASTOS DE VIAJE Y ESTADÍA (EN PESOS)** | | | | | | | | | | | | | | | | **MONTO DEL QUE DISPONE (EN PESOS)** | | | | | | | | | | | | | |
| **$** | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | | | |
| **FUENTES DE FINANCIAMIENTO / *Financial*** | | | | | | | | | | | | | | |  | **GASTOS** | | | | | **CUENTA CON** | | | | **REQUIERE** | | | | |
| PERSONAL O FAMILIAR / *Personal of family savings* | | | | | | | | | | | | | | |  | ALOJAMIENTO/ ALIMENTACION | | | | |  | | | |  | | | | |
| PRÉSTAMO O CRÉDITO / *Loans or credits:* | | | | | | | | | | | | | | |  | PASAJES | | | | |  | | | |  | | | | |
| BECA / *Scholarship* | | | | | | | | | | | | | | |  | **SEGURO MEDICO** | | | | |  | | | |  | | | | |
| OTRO / Other: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | | |  | **PASAPORTE / VISA** | | | | |  | | | |  | | | | |
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| **5. CONDICIONES / *Conditions*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ESTOY DE ACUERDO CON LAS SIGUIENTES CONDICIONES DE INTERCAMBIO Y ASUMO LA RESPONSABILIDAD DE SU CUMPLIMIENTO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Si por algún motivo dejo el programa, lo notificaré a la brevedad posible mediante una carta de renuncia a RRII. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. Seguiré cancelando la matrícula y los aranceles que corresponden a mi carrera/programa mientras dure la pasantía. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. Cancelaré cuando corresponda, cuotas de alumno internacional y hospedaje en la universidad de destino. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. Compraré un seguro médico internacional con amplia cobertura por la duración de la pasantía. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. Asumiré los costos de trámites de viaje, alojamiento, alimentación, transporte local y cualquier otro gasto personal. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. Cursaré las asignaturas determinadas por mi carrera. En caso de no estar disponibles, informaré y comprometeré un nuevo plan. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. Asumiré las consecuencias de reprobar asignaturas durante el intercambio, en caso de lo cual no recibiré notas por ellas. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. Participaré en las sesiones de orientación y cumpliré con los trámites de finalización de la pasantía. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| ****6. COMPROMISOS**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **NOMBRE** | | | | | | | | | | **FIRMA** | | | | | | **FECHA** | | | |
| **POSTULANTE** | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **PADRE O TUTOR** | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **RESPONSIBLE DE CARRERA O PROGRAMA** | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **DIRECTOR DEPTO. O CENTRO INV.** | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
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| ****USO INTERNO DIRECCIÓN DE RELACIONES INTERNACIONALES**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOCUMENTOS ADJUNTOS** | | | | | | | | | | | | | | **V.B.** | | **DOCUMENTOS ADJUNTOS** | | | | | | | | | | | **V.B.** | | |
| CERTIFICADO DE ALUMNO REGULAR | | | | | | | | | | | | | |  | | COPIA DEL SEGURO MÉDICO | | | | | | | | | | |  | | |
| CONCENTRACIÓN DE NOTAS | | | | | | | | | | | | | |  | | COPIA CARTA DE MOTIVOS DE LA PASANTÍA | | | | | | | | | | |  | | |
| COPIA PLAN DE ESTUDIOS, PRÁCTICA O INVESTIGACIÓN | | | | | | | | | | | | | |  | | COPIA AUTORIZACIÓN PADRES O TUTORES | | | | | | | | | | |  | | |
| CERTIFICADO MÉDICO DE SALUD COMPATIBLE | | | | | | | | | | | | | |  | | COPIA CARTA APOYO FORMAL UNIV. ORIGEN | | | | | | | | | | |  | | |
| **APROBACIÓN** |  | | | | | **RECHAZO** | | | | |  | | | **MOTIVO** | |  | | | | | | | **FECHA** | | | | |  | |