

Registration Form Special Program: GO Chilean Economy Santiago, Chile - July 9th / July 27th, 2018

Personal Information:

First Name				
Last Name				
City				
E-mail				
Date of Birth (dd/mm/yy):		Telephone number		
Nationality		Passport N°		
Academic Background:				
University				
Study program				
Year				
Emergency contact:				
First Name				
Last Name				
Address				
City				
Country				
Telephone Include area codes				
E-mail				
Brief Biography	(80 words)			
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Medical Information

Please indicate if you suffer from any psychological or physical 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.

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 exchange program procedures.

Student's signature	-
//	
Date .	

REGISTRATION

Please send to Rafaela de Grazia (rdegrazia@uandes.cl) before April 2th :

- This application form
- ID Photo
- Scanned Passport (Personal information)
- Health Insurance document