



## 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.*

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*Student's signature*

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*Date*

### REGISTRATION

Please send to Rafaela de Grazia ([rdegrazia@uandes.cl](mailto:rdegrazia@uandes.cl)) before April 2<sup>th</sup> :

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