**INTERNATIONAL EXPERIENCE PROGRAM**

**Onsite Exchange Application – Foreign Student**

* **Personal Information**

| Names: |  |
| --- | --- |
| Surname: |  |
| Date of Birth (day/month/year): |  / / /  |
| Gender: | M: ☐ F: ☐ |
| Nationality |  |
| Passport: |  |
| Country: |  |
| Phone Number: |  |
| Email: |  |
| Emergency Contact Name: |  |
| Relationship to Emergency Contact: |  |
| Emergency Contact Email: |  |
| Emergency Contact Phone: |  |

* **Academic Information – Home University**

| Home University Name: |  |
| --- | --- |
| Country: |  |
| City: |  |
| Career: at Home University: |  |
| Current Semester at Home University: |  |

* **Academic Information – Santo Tomás**

**Mark the academic exchange period at Santo Tomás**

Exchange Year: 20\_\_\_

Exchange Semester: First (March - July) ☐

Second (August - December) ☐

**Mark the campus in which you want to make your onsite exchange**

| ☐ Arica | ☐ Santiago | ☐ Temuco |
| --- | --- | --- |
| ☐ Iquique | ☐ Rancagua | ☐ Valdivia |
| ☐ Antofagasta | ☐ Curicó | ☐ Osorno |
| ☐ Copiapó | ☐ Talca | ☐ Puerto Montt |
| ☐ La Serena | ☐ Chillán | ☐ Punta Arenas |
| ☐ Ovalle | ☐ Concepción |  |
| ☐ Viña del Mar | ☐ Los Ángeles |  |

**Indicate the subjects of Santo Tomás you are interested in taking during your exchange period**

| **Career at Santo Tomás** | **Subjects at Santo Tomás** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*The subjects selected must coincide with the exchange period: First or second semester of the year. For the first semester select subjects from the odd semesters (1, 3, 5, 7, 9), and for the second semester select subjects from the even semesters (2, 4, 6, 8, 10).

* **Spanish Level**

| ☐ Native | ☐ Advanced | ☐ Intermediate | ☐ Basic |
| --- | --- | --- | --- |
| Other language: (specify): |  |

* **STATEMENT**

The decision to apply has been made freely and voluntarily, for which Santo Tomás – Chile is not responsible for this, and for the actions carried out by me during my stay in the country. Also, It is my responsibility to hire medical insurance with international coverage for my entire stay in Chile.





| **Date (dd/mm/yyyy):** |  | / |  | / |  |
| --- | --- | --- | --- | --- | --- |