**INTERNATIONAL EXPERIENCE PROGRAM**

**Application Form – Academic Stays for UST Postgraduate Students**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * **Personal Information**

|  |  |
| --- | --- |
| Names: |  |
| Surname: |  |
| Date of Birth (day/month/year): |  / / /  |
| Gender: | M: [ ]  F: [ ]  Other: [ ]  |
| Nationality: |  |
| Passport: |  |
| Address: |  |
| District: |  |
| City: |  |
| Telephone Contact: |  |
| Email: |  |

 |  |
| * **Academic Information – Universidad Santo Tomás**
 |
|  **Campus and program information**

|  |  |
| --- | --- |
| Campus: |  |
| Program: |  |
| Year of admission: |  |
| Current semester: |  |
| Program Director: |  |

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**Emergency Contact Information**

 **Personal emergency contact details.**

|  |  |
| --- | --- |
| Full Name: |  |
| Country of residence: |  |
| Address: |  |
| City: |  |
| Phone contact: |  |
| Email: |  |
| Phone contact: |  |

* **Foreign University/Institution**

**Period of stay in a foreign institution:**

Since ….. month, until ….month, year

**University or Foreign Institution where you will carry out an academic stay**

|  |  |  |
| --- | --- | --- |
| **Country** | **Foreign Institution/Organization** | **Program/Area** |
|  |  |  |

|  |  |
| --- | --- |
| **Credits / Hours** | **Validation/Recognition at UST** |
|  | Select |

* **Approval of the Program** *Must be completed by the Program Director*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Firma y Timbre de Director(a) de Carrera |  | Fecha |  |
|  |  |  |  |  |
|  | Nombre |  |  |  |

\*Approval from the program management, confirming that it supports the application and that the selected institution/Organization has been evaluated and meets the needs of the student and their academic program in Santo Tomás. Specify whether the practices can be validated.

**Name, surname and signature of the program Director**

**Name, surname and signature of the applicant student**

**Applicant Student Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please write your name and last names) (Please write the name of the PhD or Master Program)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from Universidad Santo Tomás, Chile, apply to the International Experience Program to be able to carry out a period of academic stay at a University/Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (country), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city), in the event of being accepted, during the \_\_\_\_\_\_\_\_\_\_ semester of year 20\_\_, between the months of Select month| and Select month.

I am aware of how this student exchange program operates, in its preparation, academic, financial, and behavioral aspects.

**Preparation:** I have completed the application form correctly and I am aware of the pre-selection requirements. The information about my application is confidential and for the exclusive use of the International Experience Program. Meeting all pre-selection and selection requirements to participate in the International Experience Program does not necessarily guarantee acceptance by the institution/organization to which I have applied. In the event that I decide to cancel my participation in the International Experience Program, I must immediately inform the International Experience Program Coordination and my Program Director.

**Academic**: In academic matters, I commit to fully develop my academic stay, complying with the demands, calendar and directions established by the foreign institution/organization and by my Program director.

I know that, to recognize my academic stay, my Program Director must analyze the program/plan to be developed. If I meet the requirements, I may request its validation if approved by the school, once the corresponding grades report or final evaluation has been received from the foreign institution/organization.

**Economic:** In the economic field, I am aware that I must be a regular student of Santo Tomás at the time of applying and during my academic stay, that is, be up to date with the payment of monthly institutional fees.

I undertake to have sufficient financial resources to cover my passport application expenses, tickets, accommodation, mandatory health insurance and any other expenses that may be incurred during the exchange period.

**Requirements:** I am aware that before starting my internship period, I must have a valid passport, an international medical insurance and apply for a visa, if required, at the consulate of the destination country, as appropriate.

**Behavior**: I undertake to comply with the regulations of the foreign institution/organization during the period of stay. I am aware of the implication that my performance abroad has for Santo Tomás, as well as the efforts deployed to make this possible. Therefore, I also undertake not to return before the agreed time and to maintain impeccable conduct during my stay abroad.

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

**Name, surname and signature of the applicant student**