**INTERNATIONAL EXPERIENCE PROGRAM**

**Application for Internships – Foreign Students**

**(Mark with X where it corresponds)**

**Undergraduate \_\_\_ Postgraduate \_\_\_ Investigation \_\_\_**

* **Personal Information**

|  |  |
| --- | --- |
| Names: |  |
| Surname: |  |
| Date of Birth (day/month/year):): |  / / /  |
| Gender:: | M: [ ]  F: [ ]  Other: [ ]  |
| Nationality: |  |
| Passport: |  |
| Country of origin |  |
| Telephone Contact: |  |
| Email: |  |
| Emergency contact: |  |
| Relationship Emergency Contact: |  |
| Emergency Contact Telephone: |  |
| Emergency Contact Email: |  |

* **Academic Information – Home Institution**

|  |  |
| --- | --- |
| Name of the Institution of Origin |  |
| Country: |  |
| City: |  |
| Career/Program/Center in Home Institution: |  |
| Current Semester Career/Program of Origin: |  |

* **Spanish level**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Mother tongue | [ ]  Advanced | [ ]  Intermediate | [ ]  Basic |
| Other language (specify): |  |

**Academic Information – Universidad Santo Tomás**

**Mark the internship period at Santo Tomas**

Year: 20\_\_\_

Semester: First (March – July) [ ]

 Second (August – December) [ ]

Other Period (specify): Choose an item. - Choose an item. [x]

**Mark the Santo Tomás location where you want to do your internship:**

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

**Indicate the program/center/career at Santo Tomás Chile in which you wish to carry out your internship period**

|  |  |
| --- | --- |
| **Santo Tomás Program/Center/Career** | **Specific Area of ​​Interest** |
|  |  |
|  |  |

The area of ​​interest must be previously confirmed by the coordination/management that will receive you, as well as the duration of your research internship period.

* **Declaration**

The decision to apply has been made freely and voluntarily for which the Universidad Santo Tomás de Chile has no responsibility, nor for the acts that I carry out during my stay in said country. In addition, I will take out an international medical and personal accident insurance at my expense for the duration of the internship.

**Signature and Stamp of International Relations Institution of Origin**

**Student Applicant Signature**

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