

**APPLICATION FOR EXCHANGE STUDENTS**

V I S I T I N G S T U D E N T S

Every candidate must send by e-mail the following documents in English:

* Exchange Application Form.
* Academic Transcript
* A letter of recommendation by a professor.
* Learning agreement
* International Insurance Policy
* Student’s Visa

PLEASE INCLUDE THIS CHECKLIST WHEN ATTACHING THE DOCUMENTS ELECTRONICALLY.

 **A P P L I C A T I O N F O R M F O R E X C H A N G E**

**S T U D E N T S**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | PHOTO | | |  |  | | --- | --- | | Full name: |  | | Date of birth: |  | | Nationality: |  | | Home address: |  | | City of residence: |  | | Home pone number: |  | | Contact pone number: |  | | e-mail:  Parent’s email: |  | | Passport number: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Home University: |  | | |
| Major: |  | | |
| Program: | Undergraduate ( ) Master ( ) Doctorade ( ) | | |
| Length of the program: | Term ( ) Year ( ) Summer ( ) | | |
| Period: | | | August 15th to January 5th |
| Subjects to be taken at Universidad Anahuac Xalapa | |  | |
|  | |  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
| Spanish Level according to the European Framework of Reference for Languages | |  |
| Other languages: |  | |

**I agree to abide by Universidad Anahuac Xalapa’s Institutional Regulations.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s name Tutor’s name**

MEDICAL BACKGROUND

|  |  |
| --- | --- |
| **PERSONAL INFORMATION** | |
| Full name: |  |
| Date of birth: |  |
| Nationality: |  |

|  |  |
| --- | --- |
| **HEALTH INSURANCE** | |
| Coverage: |  |
| Company: |  |
| Emergency and assistance phone number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICA BACKGROUND** | | | | |
| Blood Type: | |  | | |
| Contact’s name for emergencies: | | | |  |
| Allergies : |  | | | |
| Chronic Illness: | |  | | |
| Do you take any medication? Specify dosis | | |  | |
| Disabilities: |  | | | |

|  |  |
| --- | --- |
| **LAST RE-VACCINATIONS DATE** | |
| Tetanus- Diphteria |  |
| Hepatitis A |  |
| Hepatitis B |  |
| Meningitis |  |
| Typhoid |  |
| Vaccinations reccomended by your physicians |  |

|  |  |
| --- | --- |
| **PERSONAL PHYSICIAN** | |
| Name |  |
| Phone number |  |
| e-mail |  |

Please, specify any condition that might need special medical assistance **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(SIGNATURE)**

## EXCHANGE STUDENT’S OBLIGATION

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to follow the recommendations that Universidad Anahuac Xalapa’s International Office makes:

1. Ask for specific information related to the Institutions Regulations as soon as I arrived at the campus.
2. Provide local address and mobile phone number.
3. Follow the suggestions provided by the International Office on behalf on my security during my stay in the Mexican Republic.
4. I am responsible for my actions outside the UNIVERSITY CAMPUS and I free Universidad Anahuac Xalapa of every responsibility related to intentional misbehavior.
5. All the legal agreements related to accommodation are exclusively my responsibility and I free the university of any responsibility related to this matter.
6. I am completely responsible of my security during the trips I make on my own during my academic stay at Anahuac University and I free the University of any responsibility related to this matter.
7. Inform the International office in case of having any medical issue so this office can give punctual suggestions and assistance to contact the insurance company.
8. Send an email to the International Office Director informing him if I am planning to travel in Mexico or abroad.
9. **Respect the exam calendar and do not make any travel arrangements before the last exam is administeres.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME, DATE, SIGNATURE**

## MIGRATORIES OBLIGATIONS FOR VISITING STUDENTS

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to abide by the Mexican National Migration Institute’s regulations and the suggestions given by the International Office related to this matter.

1. Formally introduce myself at the Mexican National Migration Institute and register myself in the national list of foreigners in a period no longer than 30 days. After this, I must deliver a copy of this document to the International Office at Universidad Anahuac Xalapa. In case I do not fulfill this requirement I am aware I will be fined by the Mexican National Migration Institute.

1. Inform the Mexican National Migration Institute and the International Office, in case I change my address in Mexico or in the Mexican Republic.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME, DATE, SIGNATURE**

LEARNING AGREEMENT

(

PLACE AND DATE

)



**OMAR TORRES FERNÁNDEZ**

**DEAN OF INTERNATIONAL EDUCATION**

I am pleased to send you the learning agreement for (NAME OF THE STUDENT), student of the (INCLUDE NAME OF THE DEPARTMENT) Department at

(NAME OF THE UNIVERSITY) University, (COUNTRY). Mr. (STUDENT’S LAST NAME) has been accepted by Universidad Anahuac Xalapa as a candidate to participate in its international exchange program.

|  |  |  |
| --- | --- | --- |
| HOME UNIVERSITY |  | UNIVERSIDAD ANÁHUAC XALAPA MAJOR: |
| SUBJECTS | CODE | SUBJECTS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Sincerely,

**(INTERNATIONAL OFFICE INFORMATION)**

Please ask your International Office at your campus to send these documents as an attachment in PDF to:

omar.torres@uax.edu.mx

Omar Torres Fernández

Dean of International Education

Universidad Anáhuac Xalapa