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| --- | --- | --- | --- |
| **USE THIS SAME FILE TO TYPE AND SAVE INFORMATION/**  |   |   |   |
| **Favor de usar este mismo archivo Word para proporcionar la información en cada sección** |   |   |
| **1**. **NAME / Nombre** |   |   |   |   |   |   |   |
|  |  |   |   |   |   |   |   |   |
| LAST NAME/ Apellido |   | NAME / Name |   |   |   |
| **2.** **PLACE OF BIRTH / Lugar de Nacimiento** |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| CITY / Ciudad |   |   | COUNTRY / País |   |   |   |
| **3. NATIONALITY / Nacionalidad** |   |   |   |   |   |
| **4. DATE OF BIRTH / Fecha de Nacimiento** |  |  |   |
| **5. AGE / Edad** |  |   |  |   | **6.GENDER/Sexo** |   |  |   |
| **7. CURRENT ADDRESS / Domicilio Actual** |   |   |   |   |
|   |  |   |   |   |   |   |   |   |
| STREET/ Calle |   |   |   |   | NUMBER/ Número |   |
|   |   |   |   |  |  |   |   |   |
| CITY/ Ciudad |   |   | COUNTRY/ País |   |   |   |
| **8.** **TELEPHONE / Teléfono**  |  |   |   |   |   |   |
|   |   |   | (with Country & City Code) |   |   |   |
| **9. E-MAIL**  |  |  |  |   |   |   |   |   |
| **10. FACEBOOK** |  |  |   |   |   |   |   |
| **11. LANGUAGE PROFICIENCY (%)**  |   |   |   |   |   |
| ENGLISH |   | SPANISH  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |   |   |   |
| **12. HOME INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |   |
| **13. FIELD OF STUDY OR UNDERGRADUATE PROGRAM / Area de Estudio** |   |
|  |  |   |   |   |   |   |   |   |
| **14. GRADE AVERAGE / Promedio General**  |  |  |  |   |
| **15. MEDICAL HISTORY / Historial Medico** |  |  |  |   |
| **NAME OF YOUR HEALTH INSURANCE COMPANY / Nombre de tu Compañía de Seguro Medico** |   |
|   |   |   |   |   |   |   |   |   |
| **BLOOD TYPE / Tipo de Sangre** |   |   |   |   |   |
| **DO YOU HAVE ANY HEALTH ISSUES OR PROBLEMS? / Tienes algún Problema de salud?** |   |
|   |  |   |   |   |   |  |   |   |
| **ARE YOU REQUIRED TO TAKE MEDICATIONS? WHICH? / Requieres tomar medicamentos? Cuáles?** |   |
|  |   |   |   |   |   |   |   |   |
|   | (This information will help us provide you with better services during your stay) |   |   |
| **PERSON TO CONTACT IN CASE OF EMERGENCY / Persona a Contactar en Caso de Emergencia** |   |
| **NAME / Nombre** |  |  |  |  |   |   |   |
| **TELEPHONE / Teléfono (with Country & City Code** |  |   |   |   |
| **E-MAIL** |  |  |  |  |  |   |   |   |
| **RELATION / Relación** |  |  |  |   |   |   |
|   |  |  |  |  |  |   |   |   |
| **21. OUT OF THE COURSES OFFERED THIS YEAR IN OUR INTERNATIONAL SUMMER PROGRAM,**  |
| **WHICH COURSE ARE YOU INTERESTED IN? / De los Cursos Ofrecidos este Año cual Curso te Interesa?** |   |
| **(PLEASE STATE YOUR FIRST PREFERENCE AND THEN PROVIDE A SECOND OPTION IN CASE YOUR FIRST OPTION IS FULL / Danos tu primera opción y una opción adicional en caso de que tu primera opción de curso/materia ya se haya llenado)** |   |   |
| Option 1 |   |   |   |   |   |   |   |   |
| Option 2 |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **22. FOR INDUSTRY VISITS, WE NEED THE NEXT INFORMATION / Para las visitas a industrias se requiere la siguiente información:**1. T-shirt size (USA) XS\_\_\_\_ S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_
2. Shoe size (USA) \_\_\_\_\_\_\_\_\_\_\_\_
3. Passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BY TYPING MY NAME BELOW AND SENDING THIS FILE I STATE THAT INFORMATION PROVIDED IS**  |   |
| **TRUE / Al escribir mi nombre abajo y enviar este archivo hago constar que los datos proporcionados son verdaderos** |   |
|  |   |   |   |   |   |   |   |   |
|  |  |   |   |   |  |   |   |   |
| **NAME / Nombre** | **DATE / Fecha** |   |   |

**YOU HAVE TO SEND THE NEXT DOCUMENTS WITH THE APPLICATION FORM/ Tienes que enviar los siguientes documentos junto con tu solicitud:**

* COPY OF INTERNATIONAL MEDICAL INSURANCE
* LEGIBLE COPY OF PASSPORT