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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** | | | | |  | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | |
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| LAST NAME/ Apellido | | | | | | | | |  | | NAME / Name | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| **2.** **PLACE OF BIRTH / Lugar de Nacimiento** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | |
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| 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** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | |
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| STREET/ Calle | | | | |  | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | NUMBER/ Número | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| CITY/ Ciudad | | | | |  | | | |  | | COUNTRY/ País | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| **8.** **TELEPHONE / Teléfono** | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
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| **9. E-MAIL** |  | | | |  | | | |  | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| **10. FACEBOOK** | | |  | | | | | |  | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| **11. LANGUAGE PROFICIENCY (%)** | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | |
| ENGLISH |  | | | | SPANISH | | | |  | | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| **12. HOME INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
| **13. FIELD OF STUDY OR UNDERGRADUATE PROGRAM / Area de Estudio** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **14. GRADE AVERAGE / Promedio General** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | |
| **15. MEDICAL HISTORY / Historial Medico** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | |
| **NAME OF YOUR HEALTH INSURANCE COMPANY / Nombre de tu Compañía de Seguro Medico** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **BLOOD TYPE / Tipo de Sangre** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | |
| **DO YOU HAVE ANY HEALTH ISSUES OR PROBLEMS? / Tienes algún Problema de salud?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **ARE YOU REQUIRED TO TAKE MEDICATIONS? WHICH? / Requieres tomar medicamentos? Cuáles?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | (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** | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
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| **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 |  | | | |  |  |  | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **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