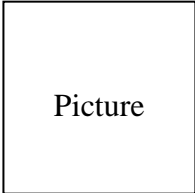




STUDENT APPLICATION FORM
MASTER OF SCIENCE
(Academic Year 2016 – Campus Peñalolén, Santiago)



(Please, print out the form and fill it out with print letter)

I. SENDING INSTITUTION

Name.....

Student Supervisor/ Advisor.....

Title.....

Institution Exchange Office Address.....

.....

Exchange Office/Advisor's Phone ( ).....

Supervisor/Advisor's e-mail.....

II. APPLICANT'S PERSONAL INFORMATION

First Name.....

Last Name.....

Mailing Address.....

.....

Country.....

Phone ( ).....E-mail.....

Date of Birth..... Gender: Male [ ]
(Day Month Year)

Female [ ]



Place of Birth.....Country.....

Nationality.....Passport Number.....

**III. LANGUAGE PROFICIENCY**

Native Language.....Other languages.....

Level of competence in Spanish:

|              |                          |
|--------------|--------------------------|
| Intermediate | <input type="checkbox"/> |
| Good         | <input type="checkbox"/> |
| Very Good    | <input type="checkbox"/> |
| Excellent    | <input type="checkbox"/> |

**IV. ACADEMIC PROFILE**

Indicate the Master of Science specialty you are currently enrolled in:

In Finance

In Marketing

In RRHH

Other \_\_\_\_\_

***\*Please enclose a transcript with the grades obtained up to the exchange date to this Application Form***



**V. UAI ACADEMIC PROGRAM & EXCHANGE TERMS**

Indicate the Master of Science Specialty you wish to attend to at Universidad Adolfo Ibáñez

In Finance

In Economics and Public Affairs

In Marketing

Indicate in which Trimester you would like to study in the above mentioned programs (You may choose two at the most and acceptance is upon availability):

First Trimester ..... Beginning on : .....Ending on : .....

Second Trimester .....Beginning on : .....Ending on : .....

Third Trimester .....Beginning on : .....Ending on : .....

**Academic Year: 20.....**

**V. REGISTRATION OF COURSES AT UAI**

Please list up the courses you would like to enroll in and the trimester you chose (Please indicate if you are able to attend to an alternative trimester as a second choice in case there is no availability on the trimester you first chose, or state if you will not choose any other instead)

I accept to attend to an alternative Trimester

I do not accept to attend to an alternative Trimester

**First Choice:**

| Course | Trimester |
|--------|-----------|
| .....  | .....     |
| .....  | .....     |
| .....  | .....     |



.....  
.....

**Second Choice (as alternative just if you accepted above)**

| Course | Trimester |
|--------|-----------|
| .....  | .....     |
| .....  | .....     |
| .....  | .....     |
| .....  | .....     |
| .....  | .....     |
| .....  | .....     |

**VI. CHECKLIST**

- Documents enclosed:
- Application Form
  - Transcript
  - Statement of Spanish Language Proficiency
  - Résumé (CV)
  - 2 passport-size photos

***\*Please remember the International Exchange Student must count with a Health and Accident Insurance Cover while staying in Chile.***



**VII. AGREEMENT**

By this signature, I confirm that the information provided on this application is true and correct and that I accept the terms stated on the agreement subscribed with the Host Institution.

Applicant's signature.....

Exchange student's Advisor's signature.....

Date: .....

*(Please, return these documents to Ms. Rosa Inés Vargas, International Exchange Administrative Coordinator, International Exchange Admission Office, Avda. Padre Hurtado 750, Viña del Mar, Chile)*