APPLICATION FORM

UDLAP®

Exchange, Summer,Dual degree and Visiting students

PLEASE FILL IN THIS FORM ELECTRONICALLY AND CHECK BOXES WHERE APPROPRIATE • WE CANNOT CONSIDER YOUR APPLICATION IF IT IS INCOMPLETE OR UNREADABLE • READ AND SIGN THE CONDITIONS OF ENROLLMENT

DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION

o COPY OF VALID PASSPORT
o OFFICIAL TRANSCRIPT from your Home University with corresponding stamp or signature
o UDLAP MEDICAL FORM approved and signed by your doctor or healthcare provider
o 2 PASSPORT SIZE PHOTOS

ONLY FOR GRADUATE STUDENTS
o COPY OF UNDERGRADUATE DEGREE from your Home University with stamp and program coordinator's signature

PLEASE ATTACH A PASSPORT SIZED PHOTO. APPLICATIONS WITHOUT PHOTO WILL NOT BE ACCEPTED.

The deadline dates for submission of applications are:

Beginning in the Fall semester (August – December): MAY 1st.   **Beginning in the Spring semester** (January – May): OCTOBER 1st.

Section 1. Personal Information

Name (s): _____   _____   _____
First   Middle   Last (family)

Date of Birth: _____   Citizenship: _____   Country of Birth: _____
(DD/MM/ YYYY)

Gender: ☐ Male   ☐ Female   Applicant's email (most frequently used): _____

Permanent Address: _____   _____
Number and Street   City

_____   _____   _____
State   Country   Postal Code

Home Phone (Include Country Code, Area Code, Phone number): +(   ) - (   ) - _____   Other Phone: +(   ) - (   ) - _____

Mailing Address (if different from above): _____   _____
Number and Street   City

_____   _____   _____
State   Country   Postal Code

Please indicate whether you have any physical disability or other needs, which may require special arrangements or facilities at UDLAP:

_____

_____

How did you hear about UDLAP International Programs?

☐ Home University   ☐ Brochures   ☐ Faculty

☐ UDLAP Web site   ☐ Friend   ☐ Social Media   ☐ Other, please indicate _____

Section 2. Emergency Contact

Name (s): _____   _____   _____
First   Middle   Last (family)

Relationship to applicant: _____   E-mail: _____

Permanent Address: _____   _____
Number and Street   City

_____   _____   _____
State   Country   Postal Code

Home Phone (Include Country Code, Area Code, Phone number): +(   ) - (   ) - _____Other Phone: +(   ) - (   ) - _____

Section 3. Academic Information

Home Institution Name: _____

Area of Study: _____ Current cumulative GPA or average letter grade achieved: _____

If you have applied for any academic or special program at UDLAP previously, please indicate your UDLAP ID [| | | | | |]

I am applying for:

☐ Full Academic Year (Aug-May)   Year: 20____ to 20__
☐ Full Academic Year (Jan-Dec)   Year: 20____ to 20__
☐ Spring Semester (Jan-May)   Year: 20____
☐ Fall Semester (Aug-Dec)   Year: 20____
☐ Summer I (May-Jun)   Year: 20____
☐ Summer II (Jun-Jul)   Year: 20____

I am applying as:

☐ an Exchange student (My university has an exchange agreement with UDLAP)
☐ a Dual degree exchange student
☐ a Visiting student (Non Exchange)

Current level and year of study at your home institution:

☐ Undergraduate student   ☐ First year
                            ☐ Second year
☐ Graduate student   ☐ Third year
                            ☐ Fourth year

Do you have a scholarship? ☐ Yes ☐ No

If yes, is it: ☐ University Scholarship
                ☐ External Scholarship

What course level will you be studying at while at UDLAP?   ☐ Undergraduate level   ☐ Graduate level

Please note that graduate level of study in Mexico is equivalent to a Master's or PhD degree. Students will only be able to enroll in graduate courses if they have successfully completed their undergraduate studies. A copy of the undergraduate degree from your Home University with stamp and program coordinator's signature will be required. Should you have further questions or comments, please contact for **Regular Exchange or Visiting Student**: incoming.udlap@udlap.mx For **Dual Degree Programs**: dual.programs@udlap.mx

Section 4. Home Institution's Approval

Home Institution's Study Abroad/Academic Advisor Name: _____

Home Institution's Study Abroad/Academic Advisor Email: _____

Home Institution's Study Abroad/Academic Advisor Phone Number: _____

Home Institution's Study Abroad/Academic Advisor Mailing Address: _____

Study Abroad Advisor's signature

Home Institution stamp

Section 5. Spanish Proficiency

All students who come from a non-Spanish speaking country and want to take Spanish Classes (for nonnative speakers) have to contact Dr. Magdalena Mejia

E-mail Address: magdalena.mejia@udlap.mx

Section 6. Course Selection

One month before your arrival you will get an e-mail with the course catalogue website of the semester you will be studying.

- For information on general course offerings please visit: www.udlap.mx/inscripciones/cursos.aspx
- General Content Course descriptions can be found at: http://www.udlap.mx/ofertaacademica/mapaoferta.aspx?idioma=2
- For English language course catalogue please visit: http://www.udlap.mx/international/exchange-students.aspx

IMPORTANT: We cannot guarantee course availability. Students will confirm their final course schedule upon arrival.

Please consider courses may change, be cancelled, conflict with your schedule or have additional requirements.

Section 7. Brief Personal Remarks

Please provide a **brief autobiographical statement** to help us form a more complete impression of you. We would also like to know your reasons for wanting to study in Mexico and particularly at the Universidad de las Américas Puebla.

1.1 RESPONSIBILITY INFORMATION

I, _____ as an academic exchange/visiting/dual degree student at Universidad de las Américas Puebla (UDLAP) during the _____ semester/s (hereafter named "program"), declare through this document that I agree with the terms and conditions of the program, which have been published in the International Affairs Office website: www.udlap.mx/internacional, and through which I will keep myself informed about changes or updates to my program. This includes the activation and monitoring of my UDLAP e-mail account since it is the only medium through which the International Affairs Office will communicate with me throughout my studies at UDLAP. Through this document I recognize and accept that I have received, read and understand information related to courses, payments and the immigration process.

1.2 STUDENT ID

To formalize my participation in this program, UDLAP will provide me with a student identification card which will be valid only through the program´s length. This card will give me access to on-campus: academic and sportive facilities, health services and events associated with the program.

1.3 WAIVER

Likewise, I assume responsibility over any consequences of my actions during the program, by which I specifically release UDLAP and its personnel of any liability concerning the following:

- i. Medical responsibilities that might occur because of any type of injury or accident, to me or to third parties during the length of the program.
- ii. Any legal responsibility as a result of negligence or malice that occurs during the program.
- iii. Partial or total loss of my belongings inside or outside of the UDLAP campus.

1.4 INTERNATIONAL MEDICAL INSURANCE COVERAGE

☐ **Personal International Insurance - Mandatory**

By providing the information below, I certify that I am enrolled in a health insurance plan or combination of plans, at my own expense, that meet all the international coverage requirements (must include repatriation and emergency evacuation) necessary to cover me during the entire duration of my program. Any issue related to the application of my insurance arising from any accident, is my responsibility; thus, I agree to release Fundación Universidad de las Américas, Puebla, its staff, representatives, employees, and agents of any claim, liability, obligation, demand and causes of action whatsoever, whether known or unknown, including, without limitation, claims for personal physical injury (including those caused to third parties), wrongful death, property loss, damages of any kind, costs, charges, attorneys' fees, court costs and other expenses of any kind resulting from my stay at UDLAP or the application of the health insurance, taking responsibility for carrying out the procedures required for it proper application. According to the above mentioned, I agree to provide the International Affairs Office at UDLAP with a copy of my medical insurance as a requirement to complete my registration process of my program, otherwise, UDLAP will be able to deny and/or terminate my participation as an international exchange student or visitor, and it will notify the proper authorities of this situation for the purpose of my legal status in México. Also UDLAP will be able to cancel or limit my participation as an Exchange Student or Visiting Student since it is important to have completed all the requirements before I arrive at UDLAP.

I certify that my health insurance, the information of which I include below*, has international coverage and includes international repatriation and emergency evacuation:

Student Name: _____ Student Signature: _____

Company Name: _____ Insurance Policy Number: _____

Company´s emergency telephone: _____ Insurance Expiration date: _____

*If I do not include the information required above, I will send a copy of my insurance policy and the above stated information to my exchange coordinator prior to the first day of orientation week, as it is my responsibility to contract international health insurance coverage for my entire stay in Mexico.

1.5 BEHAVIOR

Acknowledging as well that during my participation in this program I will abide by the University's current regulations, by which UDLAP will reserve the right to cancel my participation in the program if my behavior is considered inappropriate, being totally unavailable the refund of previously covered services.

1.6 IMAGE AND TESTIMONY

I free willingly agree to what is stated in article 87 of the Federal Copyright Law, authorize Fundación Universidad de las Américas, Puebla to use and publish my testimony and picture, still or in movement, in publicity materials created and approved by Universidad de las Américas Puebla, either in paper, pamphlets or any other document, in electronic media, printed or oral transmissions originating from the aforementioned educational institution.

1.7 LENGTH OF PROGRAM

According to the aforesaid, I acknowledge that I am participating in a non-degree program where my status as a student will be temporary and I won't receive any kind of academic title once the program ends. This does NOT apply to Dual Degree Program students.

1.8 AGREEMENT

I state that there is neither impediment nor bad faith of any nature that stop me from signing this letter.

Note: The contents, construction and interpretation of this document shall be determinate solely on the basis of its Spanish version. This English version is purely for the sake of convenience.

1.9 PRIVATE DATA

The personal data that you are providing through this document will be processed by Fundación Universidad de las Américas, Puebla (Ex Hacienda Santa Catarina Mártir S/N, San Andrés Cholula, Puebla, C.P. 72810) in a lawful manner to materialize your application to the international program under the terms declared herein, in accordance with articles 6,8, 16 and 17 of the Federal Law of Protection of Personal Information held by Private Parties. Consequently, you recognize that you have read and consent the content of the Private Notice of UDLAP (www.udlap.mx/privacidad/).

Student's name & signature: ⌐ _ _ _ _ _ _ _ _ _ _ _ ¬   Date (DD/MM/YYYY): _____

REQUIRED* DOCUMENTS WHICH MUST BE SENT ALONG WITH THIS APPLICATION:

☐ COPY OF VALID PASSPORT

☐ OFFICIAL TRANSCRIPT from your Home University with corresponding stamp or signature

☐ UDLAP MEDICAL FORM approved and signed by your doctor or healthcare provider (attached to this application)

☐ 2 PASSPORT SIZE PHOTOS

☐ PROOF OF INTERNATIONAL MEDICAL INSURANCE COVERAGE (that includes repatriation of remains in case of death, sanitary and emergency evacuation)

ONLY FOR VISITING STUDENTS**

☐ COPY OF THE PAYMENT/ TRANSACTION CONFIRMATION

ONLY FOR GRADUATE STUDENTS

☐ COPY OF UNDERGRADUATE DEGREE from your Home University with stamp and program coordinator's signature

*If **all** the required documents are **not received, the application will not be processed.**
**If you are a visiting student, do not forget to submit a deposit equivalent to 2 UDLAP units fee and 18 UDLAP unit deposit along with the application. For information on payment methods contact: ana.cadena@udlap.mx or incoming.udlap@udlap.mx

Application materials (originals) should be mailed by courier to the International Affairs Office at UDLAP:

Academic Exchange Advisor
Coordinación de Intercambio Académico
Oficina de Asuntos Internacionales, HU 216
Universidad de las Américas Puebla, UDLAP
Ex hacienda Sta. Catarina Mártir s/n Cholula
Puebla, México 72820
Tel: +52 222 229 3160
http://www.udlap.mx/international

Disclaimer:
If any information provided by the student is discovered to be untrue or misleading in any respect, UDLAP has the right to disclose it to other Universities in México, and to any other relevant authorities.
Submitted documents supporting this application become property of UDLAP and will not be returned to the student.
UDLAP may change or cancel any approval made if the information the student has given is incorrect or incomplete.
Once enrolled at UDLAP, the student must use the UDLAP's institutional email account to communicate and receive information with/from the International Affairs Office. There are no exceptions to this.

I hereby declare that I have read and understood all the terms of enrollment, and agree with the information I have been provided with by the International Affairs Office at UDLAP.

Student's name & signature: Date: _____
                                                                    (DD/MM/YYYY)