



Dirección de Internacionalización
Coordinación de Programas Internacionales
Document Checklist for Independent International Applicants

Please review this checklist to ensure that you have included all the necessary documents prior to submitting your application. All the application documents should be sent via e-mail in a single PDF file attachment. Your application will not be registered if it is not complete.

- **INTERNATIONAL MOBILITY APPLICATION WITH A PHOTOGRAPH**
- **COPY OF PASSPORT'S MAIN PAGE**
- **AUTOBIOGRAPHY OR CV/RESUME**
- **REFERENCE REPORT (MIN. 1 / MAX. 3)**
- **LETTER OF AGREEMENT SIGNED**
- **COPY OF INSURANCE POLICY (WITH REPATRIATION CLAUSE)**
- **FLIGHT INFORMATION (IF APPLICABLE)**
- **HOMESTAY APPLICATION (IF APPLICABLE)**

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International Mobility Application Form

Personal Information

NAME (*first, middle and last*) _____

BIRTH DATE (*dd/mm/yy*) _____ AGE _____

BIRTH PLACE (*city, state and country*) _____

GENDER _____

PERMANENT ADDRESS _____

PHONE + ____ () _____ E-MAIL _____

LANGUAGE _____ OTHER LANGUAGES _____

CONTACT, *IN CASE OF EMERGENCY* _____

PHONE + ____ () _____ E-MAIL _____

RELATIONSHIP TO THE PARTICIPANT _____

Picture here

Immigration Information

COUNTRY OF ORIGIN _____ CITIZENSHIP _____

PASSPORT NUMBER _____ EXPIRATION DATE (*dd/mm/yy*) _____

Academic Information

YOU ARE COMING AS AN (CHOOSE JUST ONE): EXCHANGE STUDENT _____ INDEPENDENT STUDENT _____

RESEARCHER _____ VISITING PROFESSOR _____ OTHER _____

HOME INSTITUTION _____ YEAR OF STUDY _____ GPA _____

MAJOR _____ POSTGRADUATE _____

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Academic Load Information

PLEASE CHECK OR NAME THE COURSES YOU PLAN TO TAKE AND THE VISITING TERM

COURSES	VISITING TERM
<p><u>INTENSIVE SPANISH COURSES</u></p> <p>BEGINNER LEVELS I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> <p>INTERMEDIATE LEVELS IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/></p> <p>ADVANCED LEVELS VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/></p> <p> X <input type="checkbox"/></p> <p><u>REGULAR COURSES</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><u>MEXICAN CULTURE COURSES</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>SPRING PERIOD Year _____</p> <p>January – February <input type="checkbox"/></p> <p>March – April <input type="checkbox"/></p> <p>April – May <input type="checkbox"/></p> <p>SUMMER PERIOD Year _____</p> <p>May – June <input type="checkbox"/></p> <p>June – July <input type="checkbox"/></p> <p>July – August <input type="checkbox"/></p> <p>FALL PERIOD Year _____</p> <p>September – October <input type="checkbox"/></p> <p>October – November <input type="checkbox"/></p> <p>November – December <input type="checkbox"/></p>

THE HOME UNIVERSITY DETERMINES WHICH COURSES, IN DIFFERENT PROGRAMMES OF STUDY, ARE NEEDED FOR EACH EXCHANGED STUDENT. THE COURSES, WHENEVER POSSIBLE, WILL BE OFFERED BY THE HOST UNIVERSITY OR A SELECTION WILL BE MADE TO FIT THE ACADEMIC NEEDS (BOTH INSTITUTIONS WILL PROVIDE, FOR THIS PURPOSE, INDIVIDUAL COUNSELLING FOR STUDENTS IN THEIR AREA OF STUDY). THE PROGRAMME OF STUDY UNDERTAKEN BY STUDENTS AT THE HOST UNIVERSITY MUST BE APPROVED BY HOME UNIVERSITY OFFICIALS AS BEING EQUIVALENT, IN TERMS OF PROGRAMME OF STUDY AND ASSESSMENT, TO THAT OF STUDENTS REMAINING IN THE CORRESPONDING COURSE AT THE HOME UNIVERSITY.

HOME INSTITUTION PARTICIPANT COUNSELOR APPROVAL (IF IT APPLIES)

I CERTIFY THAT THE PARTICIPANT HAS RECEIVED MY ADVICE AND HAS BEEN APPROVED TO TAKE THE COURSES MENTIONED BEFORE.

NAME _____ POSITION _____

SIGNATURE _____ DATE (dd/mm/yy) _____

PHONE _____ E-MAIL _____



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Health Information

INSURANCE POLICY NUMBER _____ COMPANY _____

TYPE OF COVERAGE _____ EXPIRATION DATE _____

BLOOD TYPE _____ PARTICULAR SIGNS _____

DO YOU HAVE ANY MEDICAL CONDITION? (Please specify) _____

ARE YOU UNDER ANY MEDICAL TREATMENT? (Please specify) _____

DO YOU HAVE ANY ALLERGIES? (Please specify) _____

IF YOU DON'T HAVE A VALID HEALTH INSURANCE POLICY, **YOU MUST BUY ONE IN MEXICO DURING THE FIRST WEEK OF YOUR STAY.** IF YOU ARE UNDER MEDICAL TREATMENT, PLEASE BRING ENOUGH MEDICINE FOR THE DURATION OF YOUR STAY.

General Information

HOW DID YOU FIRST HEAR ABOUT UAG? _____

WHY DID YOU MAKE THE DECISION TO COME TO UAG? _____

DO YOU HAVE ANY FAMILY/FRIENDS WHO HAVE ATTENDED UAG BEFORE? _____

ARE YOU INTERESTED IN PARTICIPATING IN EXTRA-CURRICULAR ACTIVITIES? YES _____ NO _____

WHICH ONES? _____

WHO IS COVERING THE EXPENSES OF YOUR STAY? PARENTS _____ SELF _____ UNIVERSITY _____ OTHER _____

IF OTHER, PLEASE SPECIFY _____

WOULD YOU LIKE TO PARTICIPATE IN THE PROGRAM AMIGOS UAG? YES _____ NO _____

IF YOU MARKED YES, WE WILL CONTACT YOU TO GIVE YOU FURTHER INFORMATION.

AMIGOS UAG IS A BUDDY PROGRAM IN WHICH WE PAIR MOBILITY STUDENTS WITH UAG STUDENTS IN ORDER TO HELP INCOMING STUDENTS ADAPT DURING THEIR FIRST DAYS IN GUADALAJARA.

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International Mobility Application Form

ALL INTERNATIONAL PARTICIPANTS, WITHOUT EXCEPTION, HAVE THE SAME RIGHTS AND OBLIGATIONS AS THE COMMUNITY UAG AND ARE SUBJECT TO THE SAME ADMINISTRATIVE AND ACADEMIC RULES AND REGULATIONS ESTABLISHED BY THE UNIVERSIDAD AUTÓNOMA DE GUADALAJARA AUTHORITIES, INCLUDING THOSE SPECIFIED BY THE INTERNATIONAL PROGRAMS OFFICE.

IF AN INTERNATIONAL PARTICIPANT DOES NOT ATTEND TO HIS/HER CLASSES AT UAG FOR MORE THAN ONE WEEK WITHOUT HAVING INFORMED A VALID REASON TO THE INTERNATIONAL PROGRAMS OFFICE, A REPORT WILL BE MADE TO THE NATIONAL IMMIGRATION INSTITUTE, AND ALL THE LEGAL CONSEQUENCES WILL BE UNDER THE PARTICIPANT'S RESPONSIBILITY.

PARTICIPANT'S DECLARATION

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND VALID TO ALL RESPECTS AND THAT FAILURE TO DO SO MAY RESULT IN ISSUES THAT WILL BE MY SOLE RESPONSIBILITY. I ALSO CERTIFY THAT I HAVE THE ECONOMIC MEANS TO SUPPORT ALL THE EXPENSES OF MY STAY WHILE VISITING MEXICO. I UNDERSTAND THAT ALL INFORMATION PROVIDED WILL BE HELD PRIVATE TO THE OWN INTERESTS OF UNIVERSIDAD AUTONOMA DE GUADALAJARA.

NAME _____

SIGNATURE _____ DATE (dd/mm/yy) _____

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Reference report for International Applicants

NAME OF THE APPLICANT: _____

NAME OF THE REFEREE: _____

PHONE: _____ E-MAIL: _____

RELATIONSHIP OF THE REFEREE'S WITH THE APPLICANT: _____

TIME OF KNOWING THE APPLICANT: _____

RATE THE APPLICANT'S QUALITIES IN THE NEXT AREAS:

	CLEARLY OUTSTANDING	EXCEEDING EXPECTATIONS	SATISFACTORY	BELOW EXPECTATIONS	UNSATISFACTORY
ADAPTABILITY					
CULTURAL UNDERSTANDING					
COMMUNICATION					
FELLOWSHIP					
INITIATIVE					
MOTIVATION					
RESPONSIBILITY					
OTHER:					

DATE AND PLACE

NAME AND SIGNATURE OF REFEREE

A MINIMUM OF ONE TO A MAXIMUM OF THREE REFERENCE REPORTS MUST BE SUBMITTED ALONG WITH THE REST OF THE APPLICATION PAPERWORK. A SINGLE PDF FILE ATTACHMENT FOR ALL DOCUMENTS.

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Letter of Agreement

I hereby declare that I will follow as an applicant, all regulations dictated by UNIVERSIDAD AUTÓNOMA DE GUADALAJARA's Officials, Teachers, and Administrative Staff.

Full name and signature: _____

City and date: _____

University of origin: _____

Period of study (from – to): _____

**PLEASE INCLUDE THIS SIGNED DOCUMENT WITH YOUR APPLICATION MATERIAL
THANK YOU!**



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International Homestay Application Form

Personal Information

NAME: _____
E-MAIL: _____ TELEPHONE: _____
AGE: _____ GENDER: _____ MARITAL STATUS: _____

Picture here

Room Type & Term

SHARED ROOM _____

SINGLE ROOM _____

SPRING _____

FALL _____

SUMMER MAY –JUNE _____

JUNE –JULY _____

JULY – AUGUST _____

SPANISH COURSE:

FROM _____ TO _____ YEAR _____

Skills, Interests & Habits

SPANISH SPEAKING SKILLS: NONE _____ BEGINNER _____ INTERMEDIATE _____ ADVANCED _____

INTERESTS/HOBBIES: _____

PREVIOUS TRIPS ABROAD: _____

CHARACTER: OUTGOING _____ INDEPENDENT _____ QUIET _____ SOCIABLE _____ OPTIMISTIC _____
CHEERFUL _____ SERIOUS _____ TALKATIVE _____ ATHLETIC _____ OTHER: _____

DO YOU SMOKE: YES _____ NO _____

WOULD YOU SHARE A ROOM WITH SOMEONE WHO SMOKES? YES _____ NO _____

ARE PETS OK? YES _____ NO _____ WHICH? _____

DO YOU HAVE ANY SPECIAL DIETARY RESTRICTION? YES _____ NO _____

EXPLAIN: _____

DO YOU HAVE ANY ALLERGIES OR NEED SPECIAL MEDICATIONS? YES _____ NO _____

EXPLAIN: _____

ADDITIONAL COMMENTS OR SPECIAL NEEDS: _____

Flight Information

DATE & TIME OF ARRIVAL, AIRLINE, FLIGHT NUMBER: _____

EXPECTED DEPARTURE DATE: _____

FOR OFFICE ONLY

ASSIGNED TO: _____ E-MAIL: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

