



**Dirección de Relaciones
Internacionales**
Universidad del Desarrollo

EXCHANGE PROGRAM APPLICATION FORM INTERNATIONAL STUDENTS

Please complete with block letters

PERSONAL DATA				
Names				
Surnames				
Birth date	/ / (dd / mm / yyyy)	Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Citizenship				
Passport number				
Issue Date	/ /	Expiration date	/ /	

CONTACT DATA			
Address			
City		Country	
Zip code		Phone	(country code) (city code) (number)
Email 1			
Email 2			

ACADEMIC DATA			
Home university			
City		Country	
Study program			
Nº semester coursed		GPA	
Institutional coordinator			
Email			



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UDD EXCHANGE PROGRAM

<i>Program study</i>		
<i>Campus selected</i>	<input type="checkbox"/> Santiago	<input type="checkbox"/> Concepción
<i>Semester(s) applying</i>	<input type="checkbox"/> 1º Semester / March-July 20____	
	<input type="checkbox"/> 2º Semester / August-December 20____	

LANGUAGES PROFICIENCY

Spanish			English			Other:		
<i>Low</i>	<i>Mid</i>	<i>High</i>	<i>Low</i>	<i>Mid</i>	<i>High</i>	<i>Low</i>	<i>Mid</i>	<i>High</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTACT PERSON IN CASE OF EMERGENCY

<i>Full name</i>			
<i>Relationship</i>			
<i>Address</i>			
<i>City</i>		<i>Country</i>	
<i>Zip code</i>		<i>Phone</i>	<i>(country code) (city code) (number)</i>
<i>Email</i>			

MEDICAL DATA

<i>Do you suffer from any condition that could require medical assistance while you stay in Chile?</i>		
<i>Yes</i> <input type="checkbox"/>	<i>Specify:</i>	<i>No</i> <input type="checkbox"/>
<i>Do you take any medicine in a permanent way?</i>		
<i>Yes</i> <input type="checkbox"/>	<i>Specify:</i>	<i>No</i> <input type="checkbox"/>

It is a mandatory requirement that the student has a medical insurance with international coverage during the visiting period in Chile.



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APPLICANT'S COMPROMISE

If the University of Desarrollo accepts me as a exchange student, I compromise to respect each and every UDD students rules and regulations, and Chilean laws during my stay in this institution.

Student's name

Date

Students's signature

DO NOT FORGET TO ATTACH

☐

Nomination letter from home university

☐

Course Pre-Registration Form

☐

Academic record

☐

Photocopy of passport (first page)

☐

2 ID size photos

Students who wish to apply to Santiago or Concepción campus should send the required documents to:

Daniela Marshall
Universidad del Desarrollo
Dirección de Relaciones Internacionales
Av. Plaza 680, San Carlos de Apoquindo
Las Condes, Santiago
CHILE



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COURSE PRE-REGISTRATION FORM INTERNATIONAL STUDENTS

STUDENT DATA				
Full name				
Campus	<input type="checkbox"/> Santiago	<input type="checkbox"/> Concepción	Semester	<input type="checkbox"/> 1 st Semester 20__ <input type="checkbox"/> 2 nd Semester 20__

PROPOSED STUDY PROGRAM
Please make a selection of the courses that you want to attend at UDD. We remind you that the UDD does not guarantee the availability nor the spots in the selected courses.

FIRST SEMESTER (MARCH-JULY)	
COURSE NAME	SCHOOL

SECOND SEMESTER (AUGUST-DECEMBER)	
COURSE NAME	SCHOOL