



Inter-American University of Puerto Rico
 San German Campus
 International Studies Program

APPLICATION FORM (INCOMING)

Date received: _____

OFFICIAL USE ONLY	
<input type="radio"/> Accepted	<input type="radio"/> Conditional
<input type="radio"/> Denied	<input type="radio"/> Financial Aid
<input type="radio"/> NSE Plan	<input type="radio"/> Consortium

Last name, First name, Middle initial:		Social Security Number:	
Permanent Address:		Mailing Address:	
E-mail:		Civil Status:	Birth Date:
Age:			
Gender:	Citizenship:	Visa#, if not a US Citizen:	
Health insurance:	Major:	Period of exchange:	
Parent or tutor information:		In case of emergency, please notify:	
Name:		Name:	
Address:		Home telephone:	
Telephone number:		Work telephone:	
Cell phone number:		Other contact information:	
E-mail:			

Evaluate your language's proficiency skills: 1 = Excellent 2 = Good 3 = Moderate 4 = Poor

Language	Reading	Speaking	Writing	Understanding
Spanish				
English				
Other:				

List all the Spanish Courses you have taken: (Use additional sheet if necessary)

Course Title & Brief Description	Credits	Grade

List all places visited outside United States:

Country visited	Date	Purpose of visit

Do you need special arrangements at the dormitories? (First floor, special beds, etc.) If so, please specify. ___ Yes ___ No

Do you have any special diet or allergies to any food or medication? If so, please specify.

___ Yes ___ No
