

Interamerican University of Puerto Rico
San Germán Campus
International Studies Program

APPLICATION FORM (Outgoing)

Date Recieved: _____

OFICIAL 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
Parent or Tutor Information: Name: Address: Telephone:		In case of emergency, please notify: Name: Home Telephone: Work Telephone: Other Telephone:	

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

Language	Reading	Speaking	Writing	Understanding
Spanish				
English				
Others:				

List all the English Courses or Courses dictated in English taken: (Use additional sheet if necessary)

Course Title	Credits	Grade

List all places visited outside Puerto Rico:

Country Visited	Date	Purpose of the Visit

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

Do you have any special diet or allergies to any food or medication? ____ Yes ____ No. If so, please specify.

Personal References

List the persons who will write a Reference Letter on your behalf:

	Name	Profession/Department
1.	_____	_____
2.	_____	_____
3.	_____	_____

Exchange Preferences

Please rank in order of preference:

University or College	Year	Payment Plan			Terms		
		Consort	Plan A	Plan B	Fall	Spring	Summer

Where are you planning to reside at the exchange university?

Dormitories _____ Off-campus Rental _____ With a friend or relative _____

This candidate has waived his right of access under the Family Education Rights and Privacy Act of 1974 and agrees that the information furnished on this form will be held in confidence and will not be disclosed to him, his family or the public except to those persons that the Director of the International Studies Program deems necessary for the evaluation of his candidate application.

Student Signature

Date

Parent Authorization

Students under 21 years old, must have authorization from his/her parent, tutor or legal guardian.

I hereby, authorize my son/daughter to participate in the International Studies Program of the Interamerican University of Puerto Rico during either a semester, a summer, or the whole academic year.

Parent, Tutor or Legal Guardian Signature

Date