



UNIVERSIDAD AUSTRAL  
Facultad de Ciencias Empresariales

**MOBILITY OF STUDENTS**

**IN-COMING STUDENTS -- STUDENT'S PERSONAL DATA**

FULL NAME: \_\_\_\_\_  
(AS IT APPEARS IN THE PASSPORT)

PASSPORT #: \_\_\_\_\_  
(PLEASE ENCLOSE A PHOTOCOPY OF YOUR PASSPORT)

CITIZENSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
(CITY - REGION/ PROVINCE / STATE - COUNTRY)

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PERMANENT ADDRESS (if different): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_

e-mail: \_\_\_\_\_

SPANISH LANGUAGE PROFICIENCY:  
(please grade from 1 to 10)

Oral : \_\_\_\_\_

Written: \_\_\_\_\_

Reading: \_\_\_\_\_

ACCOMMODATION BY HOMESTAY PLAN: Yes \_\_\_\_\_ No \_\_\_\_\_

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**SENDING INSTITUTION:**

DEPARTMENT COORDINATOR: \_\_\_\_\_  
(name, tel. , e-mail)

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