PLEASE FILL IN USING CAPITAL LETTERS. APPLICATIONS MUST BE MAILED TO UDLAP INTERNATIONAL OFFICE. WE DO NOT ACCEPT FAXED OR SCANNED DOCUMENTS.

APPLICATION FORM
Study Abroad Unit • International Office

UNIVERSIDAD DE LAS AMÉRICAS PUEBLA
OFFICINA INTERNACIONAL HU216
STA. CATARINA MARTÍR CHOLULA, PUEBLA
MÉXICO 72810
+52 222 229 3160


1. PERSONAL INFORMATION

NAME(S) FIRST MIDDLE FAMILY NAME

DATE OF BIRTH ____________________________________________
NATIONALITY ____________________________________________
PASSPORT NUMBER ________________________________________

GENDER ☐ MALE ☐ FEMALE EMAIL (WE WILL BE USING THIS SO PLEASE CHECK IT REGULARLY) ____________________________________________________

MAILING ADDRESS ________________________________________________
CITY __________________________ COUNTRY ____________________________ POSTAL CODE ______________________________________

PHONE (INCLUDE COUNTRY CODE, AREA CODE, PHONE NUMBER) + ( ) - ( ) - __________________ MOBILE PHONE + ( ) - ( ) - __________________

DO YOU HAVE ANY LEARNING DIFFICULTIES, OR PHYSICAL OR SENSORY DISABILITIES? __________________________________________________

HOW DID YOU HEAR ABOUT THE SUMMER PROGRAM? __________________________________________________

2. ACADEMIC INFORMATION

HOME INSTITUTION ______________ COUNTRY __________________________
☐ UNDERGRADUATE ☐ GRADUATE PROGRAM OF STUDY __________________________ YEAR OF STUDY __________________________

3. EMERGENCY CONTACT

NAME __________________________________________________________ RELATIONSHIP __________________________

ADDRESS ______________________________________________________
CITY __________________________ COUNTRY ____________________________ POSTAL CODE __________________________

PHONE (INCLUDE COUNTRY CODE, AREA CODE, PHONE NUMBER) + ( ) - ( ) - __________________

4. COURSE SELECTION

IN ORDER TO GO ON WITH YOUR COURSE SELECTION, IT IS NECESSARY TO FIRST COMPLETE THE ONLINE SPANISH TEST AVAILABLE AT www.udlap.mx/examenespanol/

FIRST LANGUAGE: ☐ SPANISH ☐ ENGLISH ☐ OTHER __________________________ UDLAP SPANISH TEST REGISTRATION NUMBER __________________________

PLEASE SELECT UP TO TWO COURSES, YOU SHOULD ALSO WRITE AN ALTERNATE FOR EACH COURSE CHOSEN. FOR INFORMATION ON COURSE OFFERINGS PLEASE VISIT: ---> WWW.UDLAP.MX/SUMMERPROGRAM. PLEASE CONSIDER COURSES MAY CHANGE, BE CANCELLED, CONFLICT WITH YOUR SCHEDULE OR HAVE PREREQUISITES.

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I CONFIRM THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE

DATE __________________________ SIGNATURE __________________________

PLEASE ATTACH A PASSPORT SIZED PHOTO.
5. HOUSING APPLICATION

PERSONAL DETAILS

NAME(S)  FIRST  MIDDLE  FAMILY NAME  DATE OF BIRTH

AGE  COUNTRY OF CITIZENSHIP  BLOOD TYPE  EMAIL

GENDER  [ ] MALE  [ ] FEMALE  PROGRAM (UDELAP)  ___________________________  PERIOD OF ADMISSION  SUMMER 20

MAILING ADDRESS

CITY ___________________________  COUNTRY ___________________________  POSTAL CODE ___________________________

PHONE (INCLUDE COUNTRY CODE, AREA CODE, PHONE NUMBER)  +[ ] - [ ] - [ ]  MOBILE PHONE  +[ ] - [ ] - [ ]

NAME OF PARENT OR GUARDIAN ___________________________

THE FOLLOWING PART OF THE APPLICATION IS COMPLETELY CONFIDENTIAL. THE OBJECTIVE IS TO GET TO KNOW YOU BETTER IN ORDER GIVE YOU A MORE ACCURATE ROOM ASSIGNMENT ACCORDING TO YOUR PROFILE; AS WELL AS TO PROVIDE THE NECESSARY SUPPORT DURING YOUR STAY AT THE UNIVERSITY.

PERSONAL AND LIVING INFORMATION

1. HAVE YOU EVER LIVED AWAY FROM HOME?  □ NO  □ YES  FOR HOW LONG AND WHERE? ____________________________________________

2. ARE YOU A PERSON WHO ADAPTS QUICKLY TO NEW LIVING SITUATIONS?  □ WITH DIFFICULTY  □ NORMALLY  □ EASILY

3. WHEN LIVING WITH OTHERS, YOU GENERALLY PREFER TO:  □ GIVE IN  □ NEGOTIATE  □ PERSUADE

4. WHAT THINGS OR SITUATIONS YOU WOULD NOT LIKE TO EXPERIENCE WHILE LIVING WITH OTHER PEOPLE?

5. ARE YOU A PERSON WHO LIKES TO PARTICIPATE IN ACTIVITIES OUT OF YOUR OWN INITIATIVE?  □ RARELY  □ SOMETIMES  □ OFTEN

6. HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF GROUP, CLUB, ASSOCIATION OR TEAM?  □ NO  □ YES  WHAT WAS YOUR ROLE?

7. WHAT TYPE? ___________________________  WHAT WAS YOUR ROLE?

8. PLEASE ADD ANY IMPORTANT ADDITIONAL INFORMATION ABOUT YOURSELF THAT YOU WOULD LIKE US TO KNOW ____________________________________________

PHYSICAL AND HEALTH ISSUES

9. DO YOU HAVE ANY TYPE OF ALLERGIES?  □ NO  □ YES  (EG. DRUGS, PLANTS, ETC) IF YES, PLEASE DESCRIBE ____________________________________________

10. DO YOU HAVE ANY PHYSICAL OR DISABILITIES OR HEALTH ISSUES (EG. DIABETES, HEART DISEASE, SEIZURES, DEPRESSION, ETC)?  □ NO  □ YES  IF YES, PLEASE DESCRIBE ____________________________________________

11. ARE YOU UNDERGOING ANY TYPE OF MEDICAL TREATMENT?  □ NO  □ YES, DESCRIBE ____________________________________________

12. HAVE YOU HAD ANY PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT?  □ NO  □ YES  WHEN?

13. ARE YOU STILL UNDER TREATMENT?  □ NO  □ YES, REASON FOR TREATMENT ____________________________________________

14. PLEASE ADD ANY IMPORTANT ADDITIONAL INFORMATION ABOUT YOUR HEALTH THAT YOU CONSIDER MIGHT BE RELEVANT TO US

COMPLEMENTARY CONSIDERATIONS FOR ROOM ALLOCATION

15. I WOULD LIKE MY ROOMMATE TO BE:  □ SMOKER  □ NON SMOKER  □ FOREIGNER  □ MEXICAN  □ FRESHMAN  □ SENIOR

16. DO YOU PREFER TO STUDY:  □ IN THE MORNING  □ IN THE AFTERNOON  □ IN THE EVENING  □ ALONE  □ WITH A PARTNER  □ IN A GROUP

17. ARE YOU EASILY DISTURBED BY NOISE (MUSIC, TV, VOICES) WHILE STUDYING?  □ YES  □ NO

18. AT WHAT TIME DO YOU REGULARLY LIKE TO GO TO BED?

19. YOUR HYGIENE HABITS ARE:  □ RELAXED  □ NORMAL  □ VERY STRICT

20. HOW WOULD A GOOD FRIEND DESCRIBE YOU? (YOU MAY CHOOSE MORE THAN ONE ADJECTIVE).

   □ QUITE/SHY  □ TALKATIVE/OUTGOING  □ INDEPENDENT  □ OPEN MINDED  □ SERIOUS/STUDIOUS  □ ENERGETIC/ACTIVE

21. WRITE A BRIEF AUTOBIOGRAPHY (ONE OR TWO PARAGRAPHS MAXIMUM) IN A SEPARATE SHEET OF PAPER AND ATTACH IT TO YOUR APPLICATION.

I CONFIRM THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE

DATE ___________________________  SIGNATURE ___________________________