



Dirección de Relaciones Internacionales
Universidad del Desarrollo

APPLICATION FORM BScM / BAA – DUAL DEGREE PROGRAM

Please complete with block letters

PERSONAL DATA			
First Names			
Last Names			
Birth date	/ / (day / month / year)	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Citizenship			
Passport Number			
Passport issue date	/ /	Passport expiry date	/ /

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

ACADEMIC DATA			
University of origin			
City		Country	
Study Program			
Nº semester coursed		GPA	
Institutional Coordinator			
Email			



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BSCM / BAA – DUAL DEGREE PROGRAM		
<i>UDD Campus you are applying for</i>	<input type="checkbox"/> Santiago	<input type="checkbox"/> Concepción
<i>Semester you are applying for</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>Telephone</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>		
Yes <input type="checkbox"/>	<i>Specify:</i>	No <input type="checkbox"/>
<i>Do you take any medicine in a permanent way?</i>		
Yes <input type="checkbox"/>	<i>Specify:</i>	No <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 BScM / BAA – Dual Degree program 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

Student's Signature

DO NOT FORGET TO ATTACH

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <i>Nomination letter from home university</i> |
| <input type="checkbox"/> | <i>Academic record</i> |
| <input type="checkbox"/> | <i>Photocopy of passport (first page)</i> |
| <input type="checkbox"/> | <i>2 ID size photos</i> |

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					
<i>Full name</i>					
<i>Campus</i>	<input type="checkbox"/> Santiago	<input type="checkbox"/> Concepción	<i>Semester</i>	<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 CODE	COURSE NAME	SCHOOL

SECOND SEMESTER (AUGUST-DECEMBER)		
COURSE CODE	COURSE NAME	SCHOOL