

APPLICATION FORM INCOMING STUDENTS

PERSONAL DATA

Name: _____
Surname: _____
Date of Birth: _____
Sex: _____
Nationality: _____
Passport number: _____
Passport Expiration Date: _____
Medical Information to Consider: *Please, indicate if you take any medication or have any condition that may require medical attention during your exchange period*

CONTACT DATA

Address: _____
City: _____
Country: _____
Post code: _____
Phone (*with international code*): _____
E-mail address: _____
In case of emergency, notify to:

- Name: _____
- Relationship: _____
- Phone (*with international code*): _____
- E-mail address: _____

ACADEMIC DATA

Sending Institution: _____
City: _____
Country: _____
Programme: _____
Year of study: _____
Qualification: _____
Language level: *Mark with an X, by level*

	Low	Medium	High
Spanish			
English			
Other:			

Institutional Coordinator: _____
Phone (*with international code*): _____
E-mail address: _____

EXCHANGE DATA

Do you intend to register at EDEM:

- ☐ 1st Semester (september - january) 20__
- ☐ 2nd Semester (january - may) 20__

Requested subjects at EDEM:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

If I am accepted by the EDEM University Center, I agree to have health insurance with international coverage, meet the internal regulations of the University Center EDEM and the Spanish laws for the period of stay in the institution.

Name, Date and Signature

Students must submit this form properly filled with the scanned of the following documents to:

- Nomination letter
- Passport
- Photo size card
- Official Transcript
- Curriculum Vitae
- Motivation letter

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