

HOIVE COUNTRY	
HOME UNIVERSIT	Y:
1. DATOS PERSONALES	
Surnames:	r,
Name:	1 1
Date of birth:	РНОТО
Passport number:	I PHOTO I
Nationality:	1
Sex:	!
E-mail:	! !
2. HOME ADDRESS	
<u> </u>	
Street/Number:	
City:	
Code:	
Telephone number:	
Fax:	
3. ADDRESS IN SPAIN	
(to fill in, once you have found it in Spain)	
Street/Number:	
City:	
Code:	
Province:	
Telephone number:	
4. ACADEMIC DATA	
Home University:	
Studies in the Home University:	
The Academic year which you are	
registered in your Home University	
Name of the coordinator in the Home	
University	
Address	
Telephone number:	
Fax:	

IMPORTANT NOTE: The time limit to register will be COMPULSORY: - Until the 1^{st} of October for the students that are studying the first semester or complete year - and the 10^{th} of February for the students that are studying the second semester.



HOST UNIVERSITY

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Faculty in the University of Alcalá:		
Studies in the University of Alcalá:		
Proposal of Subjects that you want to		
study in Alcalá		
Some courses can be full and you will not be able	to register the course when you arrive.	
5. RELATING DATA FOR THE STAY		
0		
	0	
Semester(s) of stay: FIRS	T SECOND ACADEMIC YEAR	
Semester(s) of stay: FIRS Number of months of stay:	ST SECOND ACADEMIC YEAR	
Semester(s) of stay: FIRS	ST SECOND ACADEMIC YEAR	
Semester(s) of stay: FIRS Number of months of stay:	ST SECOND ACADEMIC YEAR	
Number of months of stay: Predicted date of arrival:	ST SECOND ACADEMIC YEAR	
Number of months of stay: Predicted date of arrival:	ST SECOND ACADEMIC YEAR	
Semester(s) of stay: Number of months of stay: Predicted date of arrival: Predicted date of leave:	ST SECOND ACADEMIC YEAR	
Number of months of stay: Predicted date of arrival:	ST SECOND ACADEMIC YEAR	
Semester(s) of stay: Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE	ST SECOND ACADEMIC YEAR	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the	ST SECOND ACADEMIC YEAR	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the Spanish course of Language and	ST SECOND ACADEMIC YEAR O O YES NO	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the	0 0	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the Spanish course of Language and	0 0	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the Spanish course of Language and	0 0	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the Spanish course of Language and Culture?	0 0	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the Spanish course of Language and Culture?	0 0	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the Spanish course of Language and Culture? 7. In case of Emergency, notify to: Name:	0 0	
Number of months of stay: Predicted date of arrival: Predicted date of leave: 6. SPANISH COURSE ¿Would you like to attend the Spanish course of Language and Culture? 7. In case of Emergency, notify to: Name: Relation with you:	0 0	
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8. Medical insurance

(You should send a copy of the insurance that you have)

I HAVE THE EUROPEAN SA	ANITARY CARD	
O YES	Card number:	
O NO		
I HAVE PRIVATE INSURA	NCE VALID FOR SPAIN	
O YES	Insurance Company:	
	Card number:	
O NO		
If you have answered to before coming to Alcalá in		es a NO, you should get an insurance make the registration.
Date		
Signature of the student		Signature of the Coordinator from the Home University Name

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