



REGISTRATION FORM - ACADEMIC YEAR 2024/2025

LATIN AMERICA

OTHER DESTINATIONS

STUDENT INFORMATION	SURNAME/ FAMILY / LAST NAME(S)	GIVEN NAME/ FIRST NAME(S)		DATE OF BIRTH
	PASSPORT NUMBER	SEX	EMAIL ADDRESS	
	CONSULAR OFFICE (CITY & COUNTRY) WHERE THE VISA WILL BE PROCESSED ⁱ			
	OTHER COMMENTS			

SENDING INSTITUTION	HOME UNIVERSITY	COUNTRY
	CENTRE (FACULTY/ SCHOOL)	ADDRESS
	STUDY CYCLE ⁱⁱ	NAME OF THE COORDINATOR AT THE HOME UNIVERSITY, EMAIL ADDRESS, PHONE

UNIVERSITY OF THE BASQUE COUNTRY (UPV/EHU)	CHOSEN CAMPUS AND CENTRE/S (FACULTY OR SCHOOL/ LOCATION) ⁱⁱⁱ	
	CAMPUS OF ARABA	
	CAMPUS OF BISCAY	
	CAMPUS OF GIPUZKOA	
LENGTH OF STAY ^{iv}		
For those applying for postgraduate courses, please, indicate the MASTERS DEGREEE		

LANGUAGE COMPETENCE	I am currently studying this language:		I have sufficient knowledge to follow lectures:		I have the following knowledge level: ^v					
					A1	A2	B1	B2	C1	C2
1. SPANISH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ENGLISH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. FRENCH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. OTHER _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

