UNIVERSIDAD TORCUATO DI TELLA
APPLICATION FORM FOR EXCHANGE STUDENTS

Full name (as it appears on your passport): _____________________________

_____________________________________________________________

Gender: □ Male □ Female

Nationality: ____________________________________________________

Passport Nº: _____________________________________________________

Date of birth (day/month/year): ____________________________________

Current mailing address: __________________________________________

Telephone (country code + region code + number): _______________________

E-mail:________________________________________________________

Home University: __________________________________________________

Field of study (i.e. Political Science, Economics): _______________________

Send this form by:

- November 1st for the first semester (March to mid-July)
- April 15th for the second semester (August to mid-December)
Degree program at UTDT:

Undergraduate:
- Architecture
- Business Administration
- Business Economics
- Economics

Graduate:
- MBA
- Masters in Economics
- Masters in Finance
- Masters in International Studies

TERM(S) OF STUDY AT UTDT:

Undergraduate:
- 1st semester (March-July)
- 2nd semester (August-December)

Master:
- 1st quarter (March-May)
- 2nd quarter (June-August)
- 3rd quarter (September-December)

Please register me for the INTENSIVE SPANISH CLASS (begins 3 weeks prior to the start of undergraduate semester. The fee for 2015 is U$S 250).

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Application documents you must submit with this form:

1) **Online application**
2) Photocopy of passport (personal information pages)
3) Official University transcript (including grades of the most recent semester)
4) Proof of Spanish Language proficiency
5) Passport picture (scanned)
6) Motivation letter for participating in exchange program (in Spanish)
7) Risks and Release of Responsibility [Form](#) (signed)

All applications materials must be submitted via mail to **exchange@utdt.edu** by:

**November 1st**  
First semester (March-July)

**April 15th**  
Second semester (July-December)

*Incomplete applications will not be processed*

**COURSE PRE-REGISTRATION***

Please indicate your course preference below, ranking them in order of priority. A full-time load is 3 courses per semester for undergraduate students and 3 courses per quarter for graduate students.

Please see [course listings](#) to determine the period when each course is offered.

Changes in registration will only be possible until the first Monday after classes begin.

*Registration in courses is subject to space availability and meeting their pre-requisites.*

<table>
<thead>
<tr>
<th>Course name</th>
<th>Semester</th>
<th>Department</th>
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<tbody>
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HEALTH FORM

In case of emergency please contact:

Name: _____________________________ Relationship: _____________________
Language: ___________________________________________________________
Home ☎ number (country code + region code+ number):______________________
Work ☎ number (country code + region code+ number):______________________
Cell phone ☏ number: __________________________________________________
E-mail:______________________________________________________________

Blood type: __________ (ABO system) ____________ (Rh system)

Allergies: ______________________________________________________________

Medical history (please circle any that apply):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Diabetes</td>
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<tr>
<td>Hypertension</td>
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<td>Cardiovascular disease</td>
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<td>Depression</td>
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<td>Eating disorder (anorexia, bulimia, overweight)</td>
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<tr>
<td>Chronic disease: _____________________________</td>
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Are you under medical treatment *

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Epilepsy or other neurological disorder</td>
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*Please include medical prescription and type of medicine you need to take.

What other information regarding your health should we need to know?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Exchange students are required to show proof of adequate Argentine health insurance in order to register for classes at UTDT. Further information about the type of coverage required may be found here.

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I have read and understand the application procedures, including but not limited to the health insurance requirement. I understand that it is mandatory to provide proof of adequate Argentine health insurance in order to register in classes and that any exceptions must be requested in writing to the Department of International Programs before arrival in Argentina. I also understand that UTDT reserves its right not to grant the requested exception.

SIGNATURE: ______________________________ DATE: __________

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