



COLLEGE
CONTACT.COM

Universidad Internacional de Ecuador

International Student Application Form

1. Personal Data

Last names _____

First and second name _____

Birth Date (dd/mm/yy) _____

Passport number _____

Nationality _____

Phone Number (including country code) _____

E-mail _____

Do you count with a legally recognized disability?

- Yes
- No

2. Emergency Contact

Relation to Student _____

Last Name _____

First Name _____

Home Address _____

Country _____

Phone Number (including country code) _____

E-mail _____

3. Academic Information

Application for:

- Fall Semester
- Spring Semester

Year _____

Home University _____

Country _____

Major _____

Number of Semester you will have finished when starting your exchange _____

Level of Spanish

- Low
- Intermediate
- Advanced

4. Housing

I request the following housing option

- On Campus housing (triple room, 750 USD per semester)
- Double room (1125 USD per semester)
- Single room (2250 USD per semester)
- Host family (approximately 500 USD per month)
- I don't need housing / housing by myself

5. Health Insurance – Mandatory

- I request health Blue Card insurance, approximate 3 USD each day - www.bluecard.com.ec
- I will take care of health insurance myself and provide proof upon arrival

6. Buddy Program

I want to take part in the Buddy program

- Yes
- No

I prefer my Buddy to be

- Male
- Female
- Doesn't matter

How did you learn about UIDE?

- College Contact

Main reasons for exchange at UIDE

- Opportunity to travel to the Region
 - Opportunity to travel to Galapagos
 - Academic offerings
 - Improve Spanish
 - UIDE's sport offering
 - Other, please specify
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7. Confirmation

I declare that the information provided in this application is correct and complete.

- Yes, I do.

8. Permission

- I hereby permit College Contact to submit the information which I have provided on this form to UIDE via an electronic online application form created and maintained by UIDE.

Student Signature: _____

Date: _____