



*Interamerican University of Puerto Rico
San Germán Campus
International Studies Program*

APPLICATION FORM (Incoming)

Date Recieved: _____

OFICIAL USE ONLY	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Conditional
<input type="checkbox"/> Denied	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> NSE Plan	<input type="checkbox"/> Consortium

Last Name, First Name Middle Initial		Social Security Number	
Permanent Address		Mailing Address	
E-mail	Civil Status	Birth Date	Age
University Name & Campus	Citizenship	Visa #, if not a US Citizen	Gender
Parent or Tutor Information: Name: Address: Telephone:		In case of emergency, please notify: Name: Home Telephone: Work Telephone: Other Telephone:	

Evaluate your language's proficiency skills: 1 = Excelent 2 = Good 3 = Moderate 4 = Poor

Language	Reading	Speaking	Writing	Understanding
Spanish				
English				
Others:				

List all the Spanish Courses or Courses dictated in Spanish taken: (Use additional sheet if necessary)

Course Title	Credits	Grade

List all places visited outside the United States:

Country Visited	Date	Purpose of the Visit

Do you need special arrangements at the dormitories? _____ Yes _____ No. (First floor, special beds, etc.) If so, please specify.

Do you have any special diet or allergies to any food or medication? _____ Yes _____ No. If so, please specify.

This candidate has waived his right of access under the Family Education Rights and Privacy Act of 1974 and agrees that the information furnished on this form will be held in confidence and will not be disclosed to him, his family or the public except to those persons that the Director of the International Studies Program deems necessary for the evaluation of his candidate application.

In submitting this application, I hereby authorize the International Studies Coordinator or designee to use my name and/or likeness in promoting the NSE program and/or IAUPR.

Student Signature

Date

Parent Authorization

Students under 21 years old, must have authorization from his/her parent, tutor or legal guardian.

I hereby, authorize my son/daughter to participate in the International Studies Program of the Interamerican University of Pureto Rico during either a semester, a summer, or the whole academic year.

Parent, Tutor or Legal Guardian Signature

Date