

 FUNDACIÓN UNIVERSITARIA JUAN N. CORPAS	FORMATO DE INSCRIPCIÓN ESTUDIANTES INTERNACIONALES	Código	EPS-IGL-FOR-7
		Versión	2
		Tipo	Formato

DEPARTMENT OF GLOBAL INITIATIVES

Personal Information

First Name and Middle Name	Last Name
E-mail	Identification Document (type and number)
Country of Residence	City
Birth date and Birth place	Phone number (country indicator + number)

Academic Information

University / Institution	Academic Program
Level of study (Undergraduate, Master's, Doctorate)	Grade Point Average (GPA)

Emergency Contact

Name and last name	Relationship
Phone number (country indicator + number)	E-mail

International Mobility Program Information:

Agreement with FUJNC:

Your institution has an agreement with FUJNC (mark with an X):

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<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Cooperation Network
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School and Academic Program at FUJNC (mark with an X):

School:

<input type="radio"/> Medicine	<input type="radio"/> Nursing	<input type="radio"/> Education	<input type="radio"/> Music
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Program:

<input type="radio"/> Undergraduate	<input type="radio"/> Graduate	<input type="radio"/> Other
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If you selected a graduate program, please write the name of the program below:

Type of Program (mark with an X):

<input type="radio"/> Clinical Rotation or Nursing Training Practice	<input type="radio"/> Short Course	<input type="radio"/> Volunteering
<input type="radio"/> Internship or Research Stay	<input type="radio"/> Academic Semester	

Name of short course, research project or volunteer work:

Medical Specialty or Service for Clinical Rotations or Nursing Training Internships (Mark with an X):

Service/ Medical Specialty	Service/ Medical Specialty
Pediatrics	Community Medicine
General surgery	Medical and Surgical Specialties
Internal Medicine	Gynecology and Obstetrics

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Nursing care of the adult and elderly	Nursing care of the patient with medical-surgical alterations
Nursing care for pregnant women and newborn	Child and adolescent nursing care
Nursing management services	Other

Length of stay

Program start date (DD/MM/YYYY)	Program end date (DD/MM/YYYY)

Modality (mark with an x):

Virtual	On-site

Funding:

Do you receive funding support from your University/Institution for participating in this international program? The National Education Ministry asks us to report all information related to the funding of mobilities of Corpas students and visiting students.

Yes	No

If yes, please write the amount of funding assistance in U.S. dollars: _____ USD.

Spanish level (mark with an X):

<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced
<input type="radio"/> Native	<input type="radio"/> None	

Housing:

Would you like a Corpas family home stay? (Mark with an x):

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Yes	No

If yes, do you have any food or animal allergies? (Mark with an x):

Yes	No

Brief description (¿what are you allergic to or what are your restrictions?):

Medical conditions: please specify if you have any special medical conditions (physical and psychological) that we should be aware of and/or if you need anything in particular, such as an access ramp, wheelchair, etc.

AUTHORIZATION FOR THE PROCESSING OF PERSONAL DATA: In compliance with the Statutory Law 1581 of 2012 on Data Protection and concordant rules, I authorize as Holder of the information for my personal data to be incorporated into a database under the responsibility of FUNDACIÓN UNIVERSITARIA JUAN N CORPAS for its treatment, which will include the collection, storage, use, circulation and final destination, for the purpose of administrative management, management of internal statistics, data verification, sending communications and contact through the registered media, advertising, marketing, customer service, management of admissions to academic programs, courses, diplomas and workshops, offering products and services. It is optional to provide information about Sensitive Data, understood as those that affect privacy or generate some type of discrimination, or about minors.

Additionally, I declare that I have the authorization of the contact person in case of emergency for their personal information to be incorporated into a database under the responsibility of FUNDACIÓN UNIVERSITARIA JUAN N. CORPAS for its treatment, which may include the collection, storage, use, circulation and destination for the purpose of administrative management, emergency management, contact and sending communications through the registered means. It is optional to provide information on Sensitive Data, understood as those that affect privacy or generate some type of discrimination, or on children and/or adolescents.

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Student Signature _____

Signature of the person in charge at the Institution _____