



# UDEM

# APPLICATION FORM FOR EXCHANGE STUDENTS

### Uso exclusivo DIPI – UDEM

|                          |      |                          |      |                          |         |
|--------------------------|------|--------------------------|------|--------------------------|---------|
| <input type="checkbox"/> | CB   | <input type="checkbox"/> | SUMA | <input type="checkbox"/> | NO PAGA |
| <input type="checkbox"/> | ISEP | <input type="checkbox"/> | RM   | <input type="checkbox"/> | PAGA    |
| <input type="checkbox"/> | MAG  | <input type="checkbox"/> | ID   | <input type="checkbox"/> | OYENTE  |

|            |        |       |
|------------|--------|-------|
| PERIODO(S) |        |       |
| PRIMAVERA  | VERANO | OTOÑO |
| 20%%       | 20%&   | 201'  |
| 201'       | 201'   | 201'  |

**MATRÍCULA**

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Por favor, pega aquí tu fotografía

Please, add your photo here

Favor de llenar todos los espacios, claramente, en mayúsculas.  
Please fill in all the spaces clearly, all capital letters.

### 1.- NOMBRE/ Name

|                            |  |                      |
|----------------------------|--|----------------------|
| <input type="text"/>       | <input type="text"/>                   | <input type="text"/> |
| APELLIDO PATERNO/Last name | APELLIDO MATERNO/ Mother's maiden name | NOMBRE (S)/Name(s)   |

### 2.- LUGAR DE NACIMIENTO/ Place of birth

|                      |                          |                      |                           |
|----------------------|--------------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>      |
| CIUDAD/ City         | ESTADO/State or Province | PAÍS/ Country        | NACIONALIDAD/ Nationality |

### 3.- FECHA DE NACIMIENTO/ Date of birth

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DIA/Day              | MES/ Month           | AÑO / Year           | EDAD /Age            |

### 4.- SEXO/ Sex

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| M                        | F                        |

### 5.- RELIGIÓN / RELIGION

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

### 6.- DOMICILIO ACTUAL/ Address

|                      |                      |                                       |                         |
|----------------------|----------------------|---------------------------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                  | <input type="text"/>    |
| CALLE/Street         | NÚMERO/ Number       | COLONIA/ Neighborhood (if applicable) | CODIGO POSTAL/ Zip Code |

|                      |                          |                      |   |
|----------------------|--------------------------|----------------------|---|
| <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>                      |
| CIUDAD/City          | ESTADO/State or Province | PAÍS/ Country        | TELÉFONO (con código)/Telephone (LD Code) |

### E – MAIL

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

### 7.- LENGUA MATERNA / Native language

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

### 8- OTROS IDIOMAS QUE DOMINA / Other languages

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

### 9.- DATOS FAMILIARES / Parent's information

|                                 |                           |
|---------------------------------|---------------------------|
| <input type="text"/>            | <input type="text"/>      |
| NOMBRE DEL PADRE/ Father's name | NACIONALIDAD/ Nationality |

|                                   |                           |
|-----------------------------------|---------------------------|
| <input type="text"/>              | <input type="text"/>      |
| NOMBRE DE LA MADRE/ Mother's name | NACIONALIDAD/ Nationality |

### DIRECCIÓN / Parents' address

|                      |                      |                                       |                         |
|----------------------|----------------------|---------------------------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                  | <input type="text"/>    |
| CALLE/Street         | NÚMERO/ Number       | COLONIA/ Neighborhood (if applicable) | CODIGO POSTAL/ Zip Code |

|                      |                          |                      |   |
|----------------------|--------------------------|----------------------|---|
| <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>                      |
| CIUDAD/City          | ESTADO/State or Province | PAÍS/ Country        | TELÉFONO (con código)/Telephone (LD Code) |

%\$!BCA 6F 9'89'@5' I B-J 9F G-858'89'CF =, 9B #'<ca Y =bgh]h h]cb BUa Y'''H-DC'89'=-BGH-H 7-éB #?'jbx'cZ]bgh]h h]cb'

|   |  |  |
|---|--|--|
|   |  | DF-J 585' Di 6@-75<br>Dfj UHY' Di V]W' |
| F 9GDCBG56@9'89'=-BH9F 75A 6=C'9B '@5' I B-J 9F G-858'89'CF =, 9B# 7\ JYZYI WUb[ Y'cZ]Wf Uh\ca Y ]bgh]h h]cb' |  |  |
| BCA 6F 9# BUa Y   | BCA 6F 9'89' C: =7-B5# BUa Y'cZ]W' fBYdUfha YbH. |  |

8=F 977-éB #'5XXfYgg

|   |                         |                                       |   |
|---|-------------------------|---------------------------------------|---|
| 75@9#GfYh   | BI A 9'F C# BI a VYf    | 7C@CB-5# BY[ \ Vcf'ccX f]ZUdd ]M]W'Yt | 7C8= C DCGH-5@ N]d 7cXY                     |
| 7-1 858#7]m   | 9G-58C#GHU' cf Dfcj ]bW | D5&G# 7ci bhfm                        | H9@v: CBC f]Wb W&X[ c]#HY'd'cbY fUFYU W&XYt |
| 5L' f]7CB 7é8=, Ct#: U' bi a VYf fk ]h' @cb[ '8]ghUbw W&XYt |                         | 9A 5=@                                |   |

%\$! 'àF 95G'89'9GH 8=C #'5fYUg'cZgi Xm

|                             |                                      |                     |        |
|-----------------------------|--------------------------------------|---------------------|--------|
| DF CA 98=C' ; 9B 9F 5@#; D5 | 5G9GCF '5758vA =7C# 5WXYa ]M5X] ]gYf | H9@v: CBC# HY'd'cbY | 9A 5=@ |
|-----------------------------|--------------------------------------|---------------------|--------|

75FF 9F 5'5'=-BG7F =6=F '9B '@5' I 89A 'M8I F 57-éB '89'@5' 9G-5B7 =5# '5WXYa ]Mdfc[ fUa 'Uhl 89A 'UbX'Yb[ \hcZgi Xm Dcf Z]j cf ]bX]M]g'c'Ua YbhY' I B5'cdV]CB# 'D'YUgY WccgY' cb'mCB9'cdh]cb'

- 'I b'gYa YgfY' #CbY'gYa YghYf' .....8cg'gYa YgfYg# 'Hk c'gYa YghYfg' ..... JYfUbc' #Gi a a Yf'
- @WYb' 7cb]UXi f]U'm: ]bUbnUg' #5W&ti bh]b[ 'UbX': ]bUbW' f]e7: L'
- @WYb' 5Xa ]b]g]fU]M]CB XY' 9a dfYgUg' #6i g]bYgg' 5Xa ]b]g]fU]h]cb' f]e59L'
- @WYb' 7ca YfV]c' =bhYfbU]M]cbU' # =bhYfbU]h]cbU' 7ca a YfW' f]e-BL'
- @WYb' 9V&bc a ]U # 9V&bc a ]M] f]e97L'
- @WYb': ]bUbnUg' =bhYfbU]M]cbU' Yg# =bhYfbU]h]cbU': ]bUbW' f]e =L'
- @WYb' A YfW]XchY]U' =bhYfbU]M]cbU' # =bhYfbU]h]cbU' A Uf\_ Y]h]b[ f]eA =L'
- @WYb' FY'U]M]cbYg' <i a UbUg' #<i a Ub' FY'U]h]cbg' f]eF <L'
- @WYb' 7]YbV]Ug' XY' 'U' 9Xi V]M]CB # 9Xi W]h]cb' f]e98L'
- @WYb' Dg]M]dYXU[ c[ ]U # Dgn]W'c' dYXU[ c[ m f]eDDL'
- @W 7]YbV]Ug' XY' 'U' =bZ'fa U]M]CB' m7ca i b]M]M]CB # A Ug' A YX]U' f]e7=7L'
- @WYb' 9ghi X]cg' <i a Ub]gh]V]g' mGcV]U' Yg' <i a Ub]h]Yg' UbX' GcV]U' 'Gh X]Yg' f]e9<L'
- @WYb' 8YfY]Wc' # @uk' f]e89L'
- @WYb' 9ghi X]cg' =bhYfbU]M]cbU' Yg' # =bhYfbU]h]cbU' 'Gh X]Yg' f]e9=L'
- @WYb' Hi f]ga c' =bhYfbU]M]cbU' # =bhYfbU]h]cbU' 'Hci f]ga' f]eH=L'
- @WYb' 7]YbV]U' Dc' ]M] m5Xa ]b]g]fU]M]CB' D' V]M]W' Dc' ]M] G]V]bW' UbX' Di V]M]5Xa ]b]g]fU]h]cb' f]eD5L'
- @WYb' Dg]M]c' ]U # Dgn]W'c' c[ m f]eDGL'
- A fX]M]c' 7]fi 'Ubc' DU]h]fc' # A YX]M]bY' f]e 7DL'
- =b[ "' 6]ca fX]M]c' # 6]ca YX]M]W' 9b[ ]bY]f]b[ f]e6=L'
- A fX]M]c' 7]fi 'Ubc' 8Ybh]ghU' # 8Ybh]gh f]e 78L'
- 5fei ]h]V]M] fU' # 5f]W] ]h]V]M] fY' f]e5FE L'
- @WYb' 5f]h]Yg' # ]bY' 5f]h]Yg' f]e5L'
- @WYb' 8]g]Y' c' ; fzZ]M]c' #; fUd\ ]M]8Yg]l[ b' f]e8; L'
- @WYb' 8]g]Y' c' =bXi g]f]U' # =bXi g]f]U' 8Yg]l[ b' f]e8=L'
- @WYb' 8]g]Y' c' XY' =bhYf]c]fYg' # =bhYf]c]f' 8Yg]l[ b' f]e-BHL'
- @WYb' 8]g]Y' c' H]l' h]mXY' A cXUg' #: Ug] ]cb' 8Yg]l[ b' f]e8HA L'
- =b[ "' =bXi g]f]U' mXY' G]gh]Ya Ug' f]e=L'
- =bXi g]f]U' UbX' G]gh]Ya g' 9b[ ]bY]f]b[ f]eG7L'
- =b[ "' Yb' G]gh]Ya Ug' 7ca di H]M]cbU' Yg' 7ca di H]f' G]gh]Ya g' 9b[ ]bY]f]b[ f]eG7L'
- @WYb' H]Y]M]c' c[ ]U' XY' 'U' =bZ'fa U]M]CB' =bZ'fa U]h]cb' H]Y]M]c' c[ m f]eH=L'
- =b[ "' A Y]W]b]M]c' 5Xa ]b]g]fU]X]c' # A Y]W]Ub]M]W' 9b[ ]bY]f]b[ f]eA 5L'
- =b[ "' Yb' 8]g]Y' c' ; fzZ]M]c' 8]l[ ]U' 8]l[ ]U' ; fUd\ ]M]8Yg]l[ b' 9b[ ]bY]f]b[ f]e8; 8L'
- =b[ "' Yb' G]gh]Ya Ug' XY' =bZ'fa U]M]CB' =bZ'fa U]h]cb' G]gh]Ya g' 9b[ ]bY]f]b[ f]eG=L'
- =b[ "' Yb' A Y]W]f]CB]M] # A Y]W]f]cb]M]9b[ ]bY]f]b[ f]eA HL'
- A UYg]f]U' Yb' 5Xa ]b]g]fU]M]CB' # A Ugh]Yf' ]b' 5Xa ]b]g]fU]h]cb' f]eA 5L'
- A UYg]f]U' Yb' 5Xa ]b]g]fU]M]CB' XY' 7ca YfV]c' =bhYfbU]M]cbU' A Ugh]Yf' ]b' =bhYfbU]h]cbU' 7ca a YfW' 5Xa ]b]g]fU]h]cb' f]eA 7=L'
- A UYg]f]U' Yb' 8Yg]U]f]c' c' c]f[ Ub] ]M]M]cbU' A Ugh]Yf' ]b' C]f[ Ub] ]M]h]cbU' 8Y] Y'cda Ybh f]eA 8CL'
- A UYg]f]U' XY' 8YfY]Wc' XY' 'U' 9a dfYgU' A Ugh]Yf' ]b' 7c]f]d]c]fU]H' @uk' f]eA 89L'
- A UYg]f]U' Yb' 7]YbV]Ug' XY' 'U' 9Xi V]M]CB' A Ugh]Yf' ]b' 9Xi W]h]cb' f]eA 98L'
- A UYg]f]U' Yb' <i a Ub]X]U]X]Yg' # A Ugh]Yf' ]b' <i a Ub]h]Yg' f]eK I A L'
- A UYg]f]U' Yb' 8]g]Y' c' ; fzZ]M]c' # A Ugh]Yf' ]b' ; fUd\ ]M]8Yg]l[ b' f]eA 8; L'
- A UYg]f]U' Yb' =b[ ]Yb]Y]f]U' XY' D]f]c]X]i V]t' A Ugh]Yf' ]b' D]f]c]X]i V]t' 9b[ ]bY]f]b[ f]eA =DL'
- A UYg]f]U' Yb' =b[ ]Yb]Y]f]U' =bXi g]f]U' mXY' G]gh]Ya Ug' A Ugh]Yf' ]b' =bXi g]f]U' UbX' G]gh]Ya g' 9b[ ]bY]f]b[ f]eA =GL'
- A UYg]f]U' Yb' G]gh]Ya Ug' XY' 'U' =bZ'fa U]M]CB' A Ugh]Yf' ]b' =bZ'fa U]h]cb' G]gh]Ya g' f]eA G=L'
- 9gdY]V]U]X]U]X' A fX]M]W' # A YX]M]W' GdY]V]U]h]h]cbg' f]eA G=L'

**12.- ¿QUIÉN PAGA TU COLEGIATURA? Por favor, indica el porcentaje/ Who pays your tuition? Please give a percentage.**

|                     |                      |                    |                         |  |
|---------------------|----------------------|--------------------|-------------------------|--|
|                     |                      |                    |                         |  |
| <b>PADRE/Father</b> | <b>MADRE/ Mother</b> | <b>TUTOR/Tutor</b> | <b>YO MISMO/ Myself</b> | <b>BECA (TIPO)/ Scholarship or sponsor (specify)</b> |

**13.- ANTECEDENTES MÉDICOS [Esta información será confidencial y no será determinante para ser aceptado(a)]**

Medical History (This information will be confidential and will not determine your being accepted)

¿CUÁL ES TU SEGURO DE GASTOS MÉDICOS MAYORES?/ Name of your health insurance company?

UDEM- Seguros Comercial América

Otro (especifica)/ Other company: \_\_\_\_\_

¿CUÁL ES TU TIPO DE SANGRE? \_\_\_\_\_ RH \_\_\_\_\_

¿HAS SUFRIDO ACCIDENTES GRAVES? (Explica)/ Have you ever suffered an accident? (Explain)

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¿HAS SIDO SOMETIDO A CIRUGÍAS MAYORES? (Explica)/ Have you ever had major surgery? (Explain)

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¿TIENES ALGÚN MALESTAR CRÓNICO? (Explica)/ Do you have any chronic problem? (Explain)

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¿TOMAS ALGUNA MEDICACIÓN? ¿CUÁL? ¿REGULAR O ESPORÁDICAMENTE?/ Are you under medication? Which? Is it permanent or sporadic?

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PERSONA A CONTACTAR EN CASO DE EMERGENCIA (dé los datos necesarios):

*Person to contact in case of emergency (give all the necessary information):*

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**14.- HAS TRABAJADO? EXPLICA/ Have you worked? Explain:** \_\_\_\_\_

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**15.- EXPERIENCIAS INTERNACIONALES ANTERIORES/ Previous international experiences**

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HAGO CONSTAR QUE LOS DATOS CONTENIDOS EN ESTA SOLICITUD SON VERDADEROS Y ESTOY DE ACUERDO EN QUE LA UNIVERSIDAD DE MONTERREY NO ME EXPIDA NINGÚN DOCUMENTO OFICIAL EN TANTO NO HAYA HECHO ENTREGA DE LA DOCUMENTACIÓN NECESARIA O EN CASO DE ADEUDO.

*I HEREBY STATE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND I AGREE THAT THE UNIVERSIDAD DE MONTERREY WILL NOT EXPEDITE ANY OFFICIAL DOCUMENT OF STUDIES IN MY NAME, UNLESS THE NEEDED DOCUMENTATION HAS BEEN COMPLETED AND ALL DEBTS HAVE BEEN SATISFIED.*

\_\_\_\_\_  
FIRMA DEL ALUMNO  
STUDENT'S SIGNATURE  
(OBLIGATORIO/MANDATORY)

\_\_\_\_\_  
FIRMA DEL PADRE O TUTOR  
PARENT'S OR GUARDIAN'S SIGNATURE  
(OBLIGATORIO PARA MENORES DE EDAD /MANDATORY FOR MINORS)

\_\_\_\_\_  
FECHA / DATE