Universidad Europea de Madrid

Laureate International Universities

INTERNATIONAL STUDENT REGISTRATION

This form is to be used only by international exchange students representing partner universities.

PLEASE COMPLETE ALL INFORMATION

AREYOU ACCEPTED:				
For a Semester:		Full Year		
A Full Academic Year:		Full Year		

PERSONAL INFORMATION:			
Family/surname:		First Name:	
Middle initial		☐ Male ☐ Female	
Email Address:(**if possible, please give two email addresses which you use regularly**)			
1:		2:	
Home Mailing Address:		Phone:	
City:		Mail Code:	
Country:			
Birth Date: (D/M/A)	/ /	Country of Birth:	
Home Institute/University:		Major Study:	
Passport Number:		Issuing Country:	
Official University Transcripts:	☐ Are Being Sent	☐ Are Atttached	
(we must have your transcripts before your arrival)			
Person to contact in case of an emergency			
Name:			
Relationship:			
Address:			
Email:		Phone number:	

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MEDICAL INSURANCE:

Do you have international medical insurance coverage?

☐ Yes ☐ No

(All students must present proof of medical insurance or they will not be allowed to attend classes.)
Do you have any medical conditions which require special medications?

☐ Yes ☐ No

If you have answered "Yes", please explain in the space below:

COURSE SELECTION:

Contact your university's International Office for help in selecting appropriate courses and alternates.

Please bear in mind that last-minute changes in courses and even the semester in which a course is offered may occur. If this happens we will assist you in selecting other courses. Your subject choices must be approved by an advisor at UEM and modifications may occur as a result of the advisor´s recommendations.

If you are coming for a full academic year, you must select courses for BOTH semesters on this form.

A word about choosing subjects: International students are free to select courses from different programs and years. However, in order to avoid timetable conflicts (which may occur anyway) and having several final exams on the same day at the end of the semester/year, you are encouraged to choose courses, if possible, from the same program and year

Code Nº	Subject Title	Semester	Nº Credits
		1	
		1	
		1	
		1	
		1	
		1	
		1	

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OPTIONAL COURSES:

Please list as many optional subjects as you can in case your first choices are not available.

Code Nº	Subject Title	Semester	Nº Credits

Please print and send this document by post to:

International Relations Department
Erasmus Application form
Universidad Europea de Madrid
C/ Tajo s/n, Villaviciosa de Odón, 28670 Madrid

Send