**APPLICATION**

1. **PERSONAL DETAILS**

Surname/Family Name

*(Please note: The name you give here will be the name shown on your certificate so please ensure it is spelt correctly and you have written it in the correct order.):*

Name:

Gender:

Passport Number:

Nationality:

Marital Status:

Disability/Long Term Health Conditions: Yes, No (if *Yes* *please explain)*

Date of Birth:

Place of Birth:

Primary Email Address *(for communication purposes and/or access to UCI’s virtual campus):*

Secondary Email Address:

Home Phone Number:

Mobile Phone Number:

Residential Address:

Languages:

|  |  |  |
| --- | --- | --- |
| Read | Speak | Write |
| \_\_English | \_\_English | \_\_English |
| \_\_Spanish\_\_Portuguese | \_\_Spanish\_\_Portuguese | \_\_Spanish\_\_Portuguese |
| \_\_Other (specify)\_\_\_\_\_\_\_\_ | \_\_Other (specify)\_\_\_\_\_\_\_\_ | \_\_Other (specify)\_\_\_\_\_\_\_\_ |

1. **ACADEMIC BACKGROUND**

**Information of the highest degree you have obtained**

University/Institution attended:

Degree obtained:

Start year:

Year of completion:

University’s Country:

State/Province

University/Institution’s Address (Please, include at least street name, number):

City:

Zip Code:

University’s Phone Number:

University’s Email Address:

**Information of your previous degree (if applicable)**

University/Institution attended:

Degree obtained:

Start year:

Year of completion:

University’s Country:

State/Province

University/Institution’s Address (Please, include at least street name, number):

City:

Zip Code:

University’s Phone Number:

University’s Email Address:

1. **CURRENT OR PREVIOUS JOB INFORMATION**

Name of the organization:

Main activity of the organization:

Average number of staff:

Address:

Primary Phone Number:

Secondary Phone Number:

Fax:

Zip Code:

Job Title:

How long have you work in this organization? From\_\_\_\_\_ To\_\_\_\_\_ (month and year)

Number of employees supervised by you\_\_\_\_

Job description:

1. **WHAT ORGANIZATIONS DO YOU BELONG TO?**

Do you belong to any organization? Yes\_\_\_ No\_\_\_

Membership 1:

Membership 2:

1. **EXPECTED BENEFITS**

What benefits do you expect to obtain from this program? **(no more than 3 lines)**

1. **REFERENCES**

Name, email address and phone number of referees (customer, supplier, colleague, academic, etc.) **(You don’t need to ask them for any additional documentation)**

Name

Email

Phone

Name

Email

Phone

1. **HOW DID YOU FIND OUT ABOUT THE PROGRAM?**

\_\_\_Graduate

\_\_\_Website

\_\_\_Social Media

\_\_\_Reference

\_\_\_Other:\_\_\_

1. **YOU WANT YOUR DEGREE CERTIFICATE TO BE ISSUED IN:**

\_\_\_Mexico

If you choose a Mexican degree certificate please read the attached document. The program holds the *Reconocimiento de Validez Oficial de Estudios Superiores* (RVOES) and you can verify the information in the SEP SIRVOES System, under the name of Universidad para la Cooperación Internacional de Quintana Roo, S.C

1. **FINANCING**

What type of funding/grant will be used to pursue the academic program?

Specify (self-funding, UCI scholarship, national scholarship, state scholarship, private scholarship, international scholarship, other)

**ADDITIONAL INFORMATION**

All students will have **120 calendar days** from the start of the corresponding academic program to submit all required documents for the student’s file to be completed for school control, including the process of revalidation if applicable.

The UCI will not make any refunds or compensations in case students do not meet the requirements for admission to the program.

**STUDENT’S DECLARATION**

I understand that I am responsible for all expenses associated with the degree I am seeking, including but not limited to tuition and fees. I understand that my failure to cover these expenses will result in a forfeit of the degree I am seeking. Further, I understand that my failure to complete the required courses for the degree I am seeking does not forfeit all financial responsibility to the UCI and I may still be responsible for some expenses owed for education received. Any financial aid received is for the sole purpose of my educational expenses at the University for International Cooperation.

I hereby certify that all statements on this form are true and accurate and that I have appropriate funds available for my educational expenses at the University for International Cooperation. I will notify the university immediately of any changes in my financial circumstances. I understand that the submission of inaccurate information can be considered sufficient cause for terminating my application or enrollment.

By submitting this application I certify **I have read, understood and accepted** the University for International Cooperation [Student’s Rules and Regulations](http://www.ucipfg.com/gspm/moodle/) (you can find this documents in the GSPM Campus home).

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_