**REGISTRATION FORM FOR INTERNATIONAL STUDENTS**

|  |  |
| --- | --- |
| **DEGREE PROGRAM & YEAR:** | Insert picture here |
| PERSONAL INFORMATION |
| NAME:  | LAST NAME(S):  |
| DNI/PASSPORT::  |
| FATHER´S NAME:  | MOTHER´S NAME:  |
| DOB:  | PLACE OF BIRTH:  |
| COUNTRY OF ORIGIN:  | NATIONALITY:  |

|  |
| --- |
| CURRENT ADDRESS (Country of origin) |
| Street/Avenue:  |
| Number:  | Door:  | ZIP Code: | City:  |
| State/Province:  | Country:  |  |
| Telephone Number :  |
| E-MAIL:  |
|  |  |
| LANGUAGES |
|  | Spanish | English | French | German | Catalan |
| 1. Does not understand |  |  |  |  |  |
| 2. Understands |  |  |  |  |  |
| 3. Understands and speaks |  |  |  |  |  |
| 4. Understands, speaks and writes |  |  |  |  |  |

DEGREE PROGRAM IN COUNTRY OF ORIGIN):

LEVEL:

□HIGH SCHOOL □UNDERGRAD □ MS □PhD

|  |
| --- |
| INSTITUTIONAL INFORMATION |
| SCHOOL/DEPARTMENT:  |  |
| UNIVERSITY:  |  |
| CITY, PROVINCE:  | COUNTRY:  |
| INSTITUTION´s CONTACT PERSON |
| TELEPHONE:  | E-MAIL:  |

MOBILITY PERIOD:

 FROM: TO:

MOBILITY PROGRAM:

 □ ERASMUS □ BILATERAL AGREEMENT

STUDENT´S SIGNATURE:

DATE:

\***Important:** **For practical training, students must have a uniform/labcoat, preferably all white with white shoes**

**(TO BE COMPLETED BY THE SCHOOL OF HEALTH SCIENCES BLANQUERNA-URL):**

**MOBILITY PERIOD:**

 **NURSING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR |  1º SEMESTER | CREDITS/ECTs | 2º SEMESTER | CREDITS/ECTs |
| 1º |  |  |  |  |
| 2º |  |  |  |  |
| 3º |  |  |   |  |
| 4º |  |  |  |  |
| MS |  |  |  |  |

**PHYSIOTHERAPY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** |  **1º SEMESTER** | **CREDITS/ECTs** | **2º SEMESTER** | **CREDITS/ECTs** |
| **1º** |  |  |  |  |
| **2º** |  |  |  |  |
| **3º** |  |  |  |  |
| **4º** |  |  |  |  |
| **MS** |  |  |  |  |

**HUMAN NUTRITION & DIETETICS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR |  1º SEMESTER | CREDITS/ECTs | 2º SEMESTER | CREDITS/ECTs |
| 1º |  |  |  |  |
| 2º |  |  |  |  |
| 3º |  |  |  |  |
| 4º |  |  |  |  |
| MS |  |  |  |  |

**PHARMACY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR |  1º SEMESTER | CREDITS/ECTs | 2º SEMESTER | CREDITS/ECTs |
| 1º |  |  |  |  |
| 2º |  |  |  |  |
| 3º |  |  |  |  |
| 4º |  |  |  |  |
| MS |  |  | **Global Practical Training in Health Sciences** | **4** |

Nutrition Students

**Please include a statement of criminal records and previous child-related convictions which are needed to work at the hospital setting**

 **TOTAL: 4 ECTs**