**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**