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| Curs Acadèmic: **18 19**Academic Year: |

**ESTUDIANTS INTERNACIONALS /ESTUDIANTES INTERNACIONALES/ INTERNATIONAL STUDENTS**

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| Cognoms/ApellidosFamily Name |  | Nom/Nombre/FirstName |  |
| Programa /Exchange Program (LLP-ERASMUS, others...)**Erasmus Mundus MAIA** | Sex: □ Male □ Female  | Període d´estada/ Periodo de estancia /Period of the Stay: 1st term (september-January) 2nd term (February-June) Full year (september-June)Total months: 5Approximate date of arrival: **September 2019** |
| Area d´estudi/ Area de estudio/Field of Study:**Master in Medical Imaging and Applications** |

# DADES PERSONALS/ DATOS PERSONALES / PERSONAL DATA

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| --- | --- | --- | --- |
| Passaport/Pasaporte/PassportNúm. |  | Data naixement/Fecha nacimiento/Birthday |  |

Adreça al país d’origen /Domicilio en el país de origen/Adress in the home country

|  |  |
| --- | --- |
| Carrer i nº/ Calle y nº/ Street and nº: |  |
| Codi postal/Código postal/Postal code |  | Ciutat/Ciudad/City |  |
| PaísCountry |  | Telephone: |  |
| E.mail |  |

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| **Coneixement de llengües/Conocimiento de idiomas/ language skills:** | Nivel/Level |
| Lengua materna/Mother tongue: |  |
|  English |  0 1 2 3 4 5 |
|  Español /spanish | 0 1 2 3 4 5 |
|  Català/ Catalan  | 0 1 2 3 4 5 |
| Other languages /otras lenguas: | 0 1 2 3 4 5 |

Por favor, utiliza este espacio si crees que hay algun detalle importante que debamos conocer (alergias, enfermedades crónicas, etc.) / Please, use this part if you think there is any important detail we should know (allergy, chronic diseases, etc.)

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I prefer to receive information in: english spanish catalan

UNIVERSITAT D’ORIGEN / UNIVERSIDAD DE ORIGEN / HOME UNIVERSITY

|  |  |
| --- | --- |
| Nom / Nombre / University Name: |  |
| Què hi estudies?/Tus estudios allí?/What are you studing? |  |

# Universitat de Girona

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| FacultatEscola Politècnica Superior | Dept.ATC | TutorArnau Oliver(coordinador) | Tel.972418878 |