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

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

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| --- | --- | --- | --- | --- | --- |
| Cognoms/Apellidos  Family 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: 5  Approximate 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/Passport  Núm. |  | Data naixement/Fecha nacimiento/Birthday |  |

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

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| --- | --- | --- | --- | --- |
| 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

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

# Universitat de Girona

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| Facultat  Escola Politècnica Superior | Dept.  ATC | Tutor  Arnau Oliver(coordinador) | Tel.  972418878 |