PONTIFICIA UNIVERSIDAD CATÓLICA DE CHILE

EXCHANGE PROGRAM ARRIVAL AND ENROLLMENT CONFIRMATION

STUDENT INFORMATION (to be filled by the student)

Full name: _____

RUT (Chilean ID): _____

Contact number at destination country: _____

Address at destination country (optional): _____

UC year and semester of exchange: _____

At this moment, I am in:

- ☐ Host country with in-person classes only
- ☐ Host country with both in-person and online classes at the host university
- ☐ Host country with in-person classes and an online course from UC

HOST INSTITUTION (to be filled by a person in charge of exchanges)

Name of the Institution: _____

Academic system (semesters / quarters): _____

Semester(s)/Quarter(s) attending at host institution: ☐ 1° Sem./1° Trim. ☐ 2° Sem./2° Trim. ☐ 3°. Trim.

Exchange start date: _____ Exchange end date: _____

Name of Coordinator: _____

Position: _____

STATEMENT (to be filled by a person in charge of exchanges)

_____ hereby certifies that Mr. / Miss
(Name of the Host Institution)

_____, student from Pontificia Universidad Católica
(Name of the student)

de Chile, has begun his/her exchange program at our Institution.

SEAL AND SIGNATURES

Student's signature:

Coordinator's signature:

Date:

Institutional seal or stamp