Exchange Student Checklist

Mailing Address:
UNIVERSIDAD TORCUATO DI TELLA
International Programs Office
Miñones 2159/77
C1428ATG – Ciudad de Buenos Aires
ARGENTINA

Deadlines by which forms need to reach UTDT
October 15 for Spring Semester and for the full academic year
April 1 for the Fall Semester

Have you included the following items in your Application Package:

☐ Application Form
☐ Course Preference Form
☐ Photocopy of Passport
☐ Official University Transcript (including the most recent semester)
☐ Proof of Health Insurance (photocopy)
☐ Documentation of Spanish Language Proficiency (recommended)
☐ 2 Photographs (passport size)
☐ Statement of Purpose for participating in exchange program (in Spanish)
☐ Acknowledgement of Risks and Release of Responsibility (completed and signed)

Additional Items to take care of before arriving to UTDT

☐ Check that your passport will not expired during your stay at Buenos Aires
☐ Apply for the student visa at the Argentine Consulate nearest to your home
☐ Valid Health Insurance for your entire period in Argentina

Have a safe trip and we look forward to meeting you in Buenos Aires!
UNIVERSIDAD TORCUATO DI TELLA
APPLICATION FORM FOR INTERNATIONAL STUDENTS

First and Last Name: ____________________________________________

Gender: _______________________________________________________

Home University: ______________________________________________

Field of Study (i.e. Political Science, Economics): __________________

Degree Program at UTDT: Undergraduate MBA/Maestría en Finanzas

MBA/Maestría en Finanzas

Maestría en Derecho y Economía Maestría en Estudios Internacionales

TERM(S) OF STUDY AT UTDT:

1st Semester: [ ] 2nd Semester: [ ]
(March – July) (August-December)

[ ] Please register me for the INTENSIVE SPANISH CLASS (3 weeks prior to start of semester, course fee is USD 120)

Application Documents to be enclosed:
1) Photocopy of Passport (pages 1, 2, 3)
2) Official University Transcript (including the most recent semester)
3) Proof of Health Insurance (photocopy)
4) Documentation of Spanish Language Proficiency (recommended)
5) 2 Photographs (passport size)
6) Statement of Purpose for participating in exchange program (in Spanish)
7) Acknowledgement of Risks and Release of Responsibility (signed)
8) Course Preference Form

03/09/04
PERSONAL INFORMATION

Full Name (as it appears on your passport): ________________________________

Passport №: ________________ Date of Birth (dd/mm/yy): __________

Argentine Consulate where you will go to get your student visa: ______

Current Mailing Address: _____________________________________________

____________________________________________________________________

Telephone (Country Code+Region Code+number): _______________________

E-mail: _____________________________________________________________

PERSON TO BE NOTIFIED IN AN EMERGENCY

Name: ____________________________ Relationship: _______________________

Language Spoken: _____________________________________________________

Address: ____________________________________________________________

Home Telephone: ______________________________________________________

Work Telephone: ______________________________________________________

The deadlines for application materials to be submitted for study at UTDT are as follows:

October 15
First semester (March-July)
Academic year (March-December)

April 1
Second semester (July-December)

Incomplete applications will not be processed!
UNIVERSIDAD TORCUATO DI TELLA

INTERNATIONAL STUDENT COURSE PREFERENCE FORM

NAME:
HOME UNIVERSITY:
TERM(S) ATTENDING UTDI:

COURSE PREFERENCES

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<thead>
<tr>
<th>SUBJECT NAME</th>
<th>CAREER</th>
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<tbody>
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</tbody>
</table>

ALTERNATE CHOICES

<table>
<thead>
<tr>
<th>SUBJECT NAME</th>
<th>CAREER</th>
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<tbody>
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Intercambio universitario

Application Process for International Students

The deadlines for application materials to be submitted for study at UTDT are as follows:

**October 15**
First semester (March-July)
Academic year (March-December)

**April 1**
Second semester (July-December)

The following documents are required to be considered for admission as a non-degree seeking exchange student at UTDT:

- Application Form [download]
- Course Preference Form [download]
- Photocopy of Passport (pages 1, 2, 3)
- Official University Transcript (including the most recent semester)
- Proof of Health Insurance (photocopy)
- Documentation of Spanish Language Proficiency (recommended)
- 2 Photographs (passport size)
- Statement of Purpose for participating in exchange program (in Spanish)
- Acknowledgement of Risks and Release of Responsibility [download]

Submit materials to the following address:
Oficina de Programas Internacionales
Universidad Torcuato di Tella
Misiones 2159/77
C1428ATG Capital Federal
ARGENTINA

**Statement Regarding Spanish Language Proficiency**
The Universidad Torcuato Di Tella recommends a high level of Spanish language proficiency in order to have a successful and rewarding semester or year at our institution. We recommend that students have completed at least 2 years of college level Spanish. Students with Spanish skills below this level may struggle to comprehend lectures and seminars and keep up with the demanding weekly reading assignments that are part of each course offered here at UTDT.

Following receipt of these forms, we will review your application and upon acceptance, you will be notified. Incomplete applications will not be processed!

**Visa Information for International Students**
Receiving a student visa for Argentina can be a time-consuming and expensive process. We strongly suggest that you verify the visa requirements with the Argentine Consulate nearest to your location and preparing your application materials for UTDT. Among other required documents, they will request an official letter of sponsorship. Upon acceptance by the Universidad Torcuato Di Tella as a non-degree seeking exchange student, the International Programs Office will send you this letter. In general, it arrives in late November for those students coming to UTDT in March, and in late May for those coming in August.

http://www.utdt.edu/apoyo/intercambio/application.htm

10/12/2004
UNIVERSIDAD TORCUATO DI TELLA (UTDT)
HEALTH FORM

Medical history (please circle any that apply):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Hypertension</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder (anorexia, bulimia, overweight)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chronic disease:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you under medical treatment *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Epilepsy or other neurological disorder</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*In this case, include medical prescription and type of medicine you need to take.

Please include any information regarding your Health that you feel is relevant for us to know:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Send this form together with your application form by the deadlines:
- **October 15** for the First Semester (March to mid-July)
- **April 1** for the Second Semester (August to mid-December)
UNIVERSIDAD TORCUATO DI TELLA (UTDT)
HEALTH FORM

Your full Name: __________________________________________
Date of Birth (dd/mm/yy): ___________________ Gender: □ male □ female
Home University: __________________________________________

You must provide proof of your health insurance company (included in your application form).
You should purchase insurance in your country.

Health Insurance Company: __________________________________________
Insurance Policy No: _______________ Emergency No: ____________________

In case of emergency, please contact:
Name: __________________________________________ Relationship: ____________________
Home ☎ number (country code+region code+number): __________________
Work ☎ number (country code+region code+number): __________________
Cel ☎ number: __________________
E-mail: __________________

MEDICAL INFORMATION
Blood type: _________ (ABO system) _________ (Rh system)
Allergies: __________________________________________

Send this form together with your application form by the deadlines:
- October 15 for the First Semester (March to mid-July)
- April 1 for the Second Semester (August to mid-December)
Acknowledgment of Risks and Release of Responsibility

Department of International Programs
Universidad Torcuato Di Tella, Buenos Aires, Argentina

Student's Name:
Passport Number:
Home University:
Dates of Program:

The Universidad Torcuato Di Tella, through its Department of International Programs, offers students from many different educational institutions the opportunity to enroll through international study programs as non-degree seeking students and participate in its activities. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. You should not participate in a study abroad program unless you are willing to accept the associated risks.

The UNIVERSIDAD TORCUATO DI TELLA cannot guarantee the health and safety of participants in a study abroad program or eliminate all risks from study abroad environments.

Please read, complete and sign this form before your term of study begins. Students who fail to sign and return this form will not be allowed to participate in any university program.

I understand that there are certain risks associated with international travel and residence in a foreign country and that the UNIVERSIDAD TORCUATO DI TELLA through its Department of International Programs and its staff cannot control these risks.

I understand that these risks may include exposure to potentially serious health and safety hazards such as: transportation accidents; storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, remote access to medical treatment; armed insurrections; and terrorist activities.

I understand that the UNIVERSIDAD TORCUATO DI TELLA is not in a position to guarantee my personal health or safety during my participation in an exchange or study abroad program.

I understand that the UNIVERSIDAD TORCUATO DI TELLA cannot monitor or control all of the daily personal decisions, choices, and activities of individual participants.

I understand that the UNIVERSIDAD TORCUATO DI TELLA cannot assure that foreign standards of due process apply in Argentine legal proceedings or provide or pay for legal representation for participants.

I understand that the UNIVERSIDAD TORCUATO DI TELLA may not assume responsibility for the actions of persons not employed or otherwise engaged by the university, for events that are not part of the program, or that are beyond the control of the sponsor and its subcontractors, or for situations that may arise due to the failure of a participant to disclose pertinent information.
I understand and hereby acknowledge that I assume all risks incurred by my participation in an exchange or study abroad program.

In consideration of being allowed to enroll and participate in the UNIVERSIDAD TORCUATO DI TELLA, through its Department of International Programs, the undersigned hereby releases the UNIVERSIDAD TORCUATO DI TELLA, its Board of Trustees, officers, agents and employees from any and all claims arising out of or in any way connected with the exchange program and the undersigned’s participation in the program, including, but not limited to the risks as outlined above.

________________________________________  Date

Student’s signature

Parental consent (Required if student is less than 21 years of age on the date this document is signed).

The undersigned parent or legal guardian of the above-named student, a minor, hereby consents to the participation of said student in the study abroad program, subject to the warnings stated above.

________________________________________  Date

Parent/Guardian’s signature
Acknowledgement of Risks and Release of Responsibility

Department of International Programs
Universidad Torcuato Di Tella, Buenos Aires, Argentina

Student’s Name:
Passport Number:
Home University:
Dates of Program:

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