

Documento #1: Application for Student Academic Mobility (foreign students)

Please mark (☒) as aplicable. Fill in the blanks digitally

Short mobility, without credits,

1. Data:

Full name As in your ID document	Father's surname	Mother's surname	Gender		Photo Tamaño: 3cm x 4cm	
	Names:		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date birth	(DD/MM/YYYY)	Nationality				
Medical rotation hospital	<input type="checkbox"/> Zacamil Hospital <input type="checkbox"/> Saldaña Hospital <input type="checkbox"/> Santa Ana Hospital <input type="checkbox"/> Molina Hospital					
Medical speciality	<input type="checkbox"/> Cirugía <input type="checkbox"/> Medicina Interna <input type="checkbox"/> Pediatría <input type="checkbox"/> Ginecología y obstetricia					
Contact information	Address					
	Telephone number					
	E-mail					
Academic information	Faculty		Career			
	CUM (average)		Career advancement			
Language skills	Language	Level: <i>Basic</i> <input type="checkbox"/> <i>Intermediate</i> <input type="checkbox"/> <i>Advanced</i> <input type="checkbox"/>	Certification exam	Type	Score	
Any situation this office should know about? Which is it? (Medical, Legal, Fiscal, Academic, Personal, etc.)						
The information I have provided is true and correct. If my answers contain any kind of falsehood, I will face the resulting legal responsibility.						
Year (yyyy)	Month (mm)	Day (dd)	Applicant's name	(Signature)		



DIRECCIÓN DE RELACIONES Y COOPERACIÓN INTERNACIONAL

I AGREE WITH THE GENERAL CONDITIONS AND COMMITMENTS FOR THE PROCESSING OF MY MOBILITY THAT ARE PRESENTED BELOW:

1. I agree to participate in the informative sessions organized by the UEES International Relations and Cooperation Office during my stay. If I fail to do so, the office will decide on the cancellation of my participation in the Program.
2. If for any reason I withdraw from the Mobility Program, I will notify this Directorate as soon as possible by means of a letter of resignation in which I will state the reasons, which will be submitted to a committee for the approval of future applications
3. I will be responsible for external procedures such as scholarships in mobility programs, immigration procedures and medical insurance.
4. I will assume the costs of lodging, food, transportation and any other personal expenses during my mobility and I exempt the Universidad Evangélica de El Salvador the obligation to assume any of them.
5. During my stay, I will send to the International Mobility Coordination of my Faculty and Career a report of performed activities in my host university up to that moment.
6. I will submit a report of my mobility activities and experiences to the International Mobility Coordination and to the International Relations and Cooperation Department upon my return, as this will be the condition for concluding my mobility process.

I ASSUME MY RESPONSIBILITY IN COMPLIANCE WITH ANY OF THE COMMITMENTS MENTIONED ABOVE.

Date: _____



DIRECCIÓN DE RELACIONES Y COOPERACIÓN INTERNACIONAL

Document #2: Motivation letter

Personal Statement

Instructions: Letter addressed to Vice Dean of the Faculty of Medicine, about motivation to do international mobility in our institution, through a short essay of 500 words maximum

-Reasons to applying to this program:

Documento #3: Planning

Planning activity/s/courses/classes to take/reserch

Indication: Set 2 maximum objectives about what you want to do in medical rotation program, clearly and considering its execution time. You are advised to discuss your academic objective and plans with your teacher before completing this form.

Detail, what activities will be related to the achievement of the proposed objectives, a brief description of them and the way in which you can share your experience in your educational community at the end of your program.

Objective	Activity	Description	Time
1.			
2.			

Fecha (DD/MM/YYYY)

Applicant's name

(Signature)



DIRECCIÓN DE RELACIONES Y COOPERACIÓN INTERNACIONAL

Document #4: International student mobility report¹

Student's Name: _____

University and Faculty of origin: _____

Career of origin: _____

Host University: _____

Faculty of destination: _____

Length of stay (include start and end date): _____

A. MOBILITY DETAILS

(Mobility justification and objectives achieved)

B. PERFORMED ACTIVITIES

(List and explain what was done, you can share photos in your report)

C. SHORT STORY IN A VIDEO ABOUT INTERNATIONAL MOBILITY EXPERIENCE

Intructions: duration no longer than 1 minute an 30 seconds, the main topics to be discussed are the following:

1. ¿How would you describe your academic mobility experience?
2. Benefits you found doing academic mobility
3. Lesson learned
4. ¿What could be taken into account to improve?

D. ANNEXES

- Mobility photos.

Produced by: (student's name and sing)

Date:

¹ A entregarse 2 semanas después del regreso de su movilidad.



DIRECCIÓN DE RELACIONES Y COOPERACIÓN INTERNACIONAL

Document #5: Affidavit- Civil Liability

Affidavit-Civil Liability for Academic Mobility stays of the Directorate of International Relations and Cooperation of the Universidad Evangélica de El Salvador

I, (name) _____ with personal identification number
(passport) _____ student of the faculty of
_____ of (Origin University) _____, I declare
under oath that I haven't physical, mental or legal impediment (civil or criminal) to carry out an academic
stay or short stay in the region or abroad.

Because of this, I am patrimonially responsible for any eventually that may occur during the period of my
stay and I release the Evangelical University of El Salvador from all
responsibility.

Sign:
Name:
Personal ID number
Contact (phone, e-mail):



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Document #6: Copy of valid passport



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Document #7: COVID-19 vaccination certificate



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Document #8: Proof of active student at origin University