FILL IN THIS FORM ONLY ON COMPUTER, PLEASE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT’S PERSONAL INFORMATION** | | | | |
| **NAMES:** | Click to insert text | **LAST NAMES:** | | Click to insert text |
| **TYPE OF DOCUMENT:** | Click to insert text | **ID NUMBER:** | | Click to insert text |
| **DATE OF BIRTH:** | Click to insert text | **AGE:** | | Click to insert text |
| **CITY OF RESIDENCE:** | Click to insert text | **HOME ADDRESS:** | | Click to insert text |
| **INSTITUTIONAL EMAIL:** | Click to insert text | **PHONE NUMBER:** | | Click to insert text |
| **EMERGENCY CONTACT** | | | | |
| **FULL NAME:** | Click to insert text | **RELATIONSHIP** | Click to insert text | |
| **PHONE NUMBER:** | Click to insert text | **EMAIL:** | Click to insert text | |

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| **APPLICANT’S ACADEMIC INFORMATION** | | | | |
| **INSTITUTION OF ORIGIN:** | | Click to insert text | | |
| **DEPARTAMENT OR SCHOOL:** | | Click to insert text | | |
| **DEGREE OR ACADEMIC UNIT:** | | Click to insert text | | |
| **TYPE OF CONNECTION:** | | Elija un elemento. | | |
| **LINES OF RESEARCH:** | | Click to insert text | | |
| **CURRENT SEMESTER (STUDENT):** | Semestre | | **GRADE POINT AVERAGE (STUDENT):** | GPA |
| **PERSON IN CHARGE/ADVISOR OF THE INSTITUTION OF ORIGIN** | | Click to insert text | | |
| **POSITION OF THE PERSON IN CHARGE OF THE INSTITUTION OF ORIGIN** | | Click to insert text | | |
| **EMAIL OF THE PERSON IN CHARGE/ADVISOR** | | Click to insert text | | |

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| **INFORMACIÓN DE LA ESTANCIA DE INVESTIGACIÓN ENTRANTE** | |
| **DEGREE OF INTEREST:** | Click to insert text |
| **START DATE:** | Click to insert text |
| **FINISH DATE:** | Click to insert text |
| **LANGUAGE OF THE STAY:** | Click to insert text |
| **MODE OF STUDY:** | Elija un elemento. |
| **RESEARCH CENTER:** | Click to insert text |
| **REASEARCH GROUP:** | Click to insert text |
| **RESEARCHER’S NAME (IF YOU KNOW IT):** | Click to insert text |

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| **RESEARCH PROPOSAL** | |
| **Describe the objectives of the research stay, possible methods, work plan and expected results/products (maximum 1000 words)**  Click to insert text | |
| **EXPECTED ACTIVITIES AND RESULTS** | |
| **Activity** | **Result** |
| Click to insert text | Click to insert text |
| Click to insert text | Click to insert text |
| Click to insert text | Click to insert text |
| **PRODUCTS (IF APPLIES)** | |
| Click to insert text | |
| Click to insert text | |
| Click to insert text | |
| Click to insert text | |
| **IMPACT** | |
| **Describe the expected impact by virtue of this research stay** | |
| Click to insert text | |

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| --- | --- |
| **APPLICANT’S STATEMENT** | |
| If admitted, I undertake to fulfill the internal regulations and submit the required documentation within the established Dates and the Research Stay Procedure. | |
| **Applicant’s signature**  **Name:** Click to insert text  **Date** Click to insert text | |
| **ESPACIO PARA LA UNIVERSIDAD CATÓLICA DE COLOMBIA** | |
| **Faculty research center coordinator’s, research coordinator’s or academic unit signature (unit without research center)**  **Name:** Click to insert text  **Date:** Click to insert text | **Research group director’s signature (only professor/researcher)**  **Name:** Click to insert text  **Date:** Click to insert text |
| **Dean’s/Unit Director’s signature**  **Name:** Click to insert text  **Date:** Click to insert text | **Researcher’s/Assigned tutor’s signature**  **Name:** Click to insert text  **Date:** Click to insert text |
| **Central Direction of Research signature**  **Name:** Click to insert text  **Date:** Click to insert text | |