

*Please fill in the blanks and return this form along with the appropriate documentation requested at the final section.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Country: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Name of your home institution: \_\_\_\_\_

Graduate studies: \_\_\_\_\_

Research group or center: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

**Contact information**

E-mail address: \_\_\_\_\_

Telephone number in Peru: \_\_\_\_\_

Address in Peru (if you already have one): \_\_\_\_\_

\_\_\_\_\_

Person in your home country to contact in case of emergency: \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC STAY AT PUCP**

From: \_\_\_\_\_ to: \_\_\_\_\_

**I will be...**

Teaching

Topic of the classes: \_\_\_\_\_

Name of the PUCP course: \_\_\_\_\_

Faculty / Postgraduate program: \_\_\_\_\_

Giving conferences

Title: \_\_\_\_\_

Organizing Unit: \_\_\_\_\_

Researching

Topic: \_\_\_\_\_

¿Do you have a PUCP advisor?

No

Yes

Name: \_\_\_\_\_

¿Do you have a scholarship? Name: \_\_\_\_\_

Another \_\_\_\_\_

Name of your host professor at PUCP: \_\_\_\_\_

Academic Department: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / (day) \_\_\_\_\_ / (month) 2015

*To be completed by PUCP.*

Documents attached to this form:

Copy of your passport

Copy of your current accident insurance

System-generated PUCP ID number: \_\_\_\_\_