Universidad VERITAS
Academic Exchange Form

Personal Information

Name (Last Name, First Name): ______________________________

Email Address: ______________________________

Permanent Address and Country: ______________________________

Phone Number: _______________ Date of Birth: ____________

Nationality: _______________ Gender: Male__ Female__

Home University: ______________________________________

Major: ______________________________________________

Semester or Class Level: ________________________________

Cumulative GPA: _______

Term to study abroad: ________________________________

January__ May__ September__ Other__

Native Language:

Knowledge in Other Languages:

1. ___________ Level: Beginner Intermediate Advanced
2. ___________ Level: Beginner Intermediate Advanced

Emergency Contact: ______________________________________

Would you like to stay with a host family from Costa Rica during the first month of your stay? _____________________
Would you need to be picked up at the airport?_______  Flight No._____ Airline____

Date of Arrival:______  Time of Arrival:____

Would you like to take any Spanish classes before registering for art and design courses?__________

Turn in with form:
  a)  Academic Approval containing classes desired to take
  b)  Personal Statement
  c)  Recommendation Letter
  d)  Transcript
  e)  Copy of Passport
  f)  Portfolio with significant work (In a CD)

Signature:_____________
Date:___________________
Universidad VERITAS
Academic Exchange Follow Up

Exchange Program Dates:______________________________

Major:____________________________________________

University:________________________________________

Passport No.:_____________________________________

Student:___________________________________________

Instructions

1. Please write down (left side) courses taken according to the study plan at Universidad de Veritas.

2. Please write down (right side) the course equivalent at the Home University. We advise that all courses are consulted with the Department Chair to make sure all classes can be approved.

<table>
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<tr>
<th>Courses taken at Universidad Veritas</th>
<th>Course Equivalent at Home University (SJSU)</th>
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Note: It is important that the student has several options in case the desired courses are not available. We also do not recommend students to take more than 5 classes since the workload can affect student’s performance.

____________________  __________________________________
Student’s Signature   Name and Signature of Coordinator
Universidad Veritas
Housing Form

Name:____________________________________

Email:___________________________________

Exact dates you will need housing:___________________________

Date of Birth:_____________                     Gender: Male___   Female___

Place of Birth:_____________

1. Family Preference

___With children   ___No children   ___No preference
___Pets   ___No pets   ___No preference

2. Do you smoke?

   ____Yes       ____No

   Would you mind living with a smoker?  ____Yes   ____No

3. Allergies:

   Are you allergic to any kind of pets?  ____Yes   ____No   Which:_______

   Are you allergic to any type of food?  ____Yes   ____No   Which:_______

4. Food:

   Are you a vegetarian?  ____Yes   ____No

   Describe if you have any alimentary restriction:________________________________

5. Lifestyle:

   Mark the options that apply to you

   ____I prefer going to bed late and waking up late
6. Health:

Do you have any type of physical restriction that wouldn’t allow you to walk up the stairs or walk?  
     ___Yes           ___No

Please explain your situation:_______________________________________________________

Explain any chronic health condition (physical, psychological, emotional) that could make an impact on your experience as a student in Veritas: ____________________________

7. Miscellaneous:

Please describe any interests, hobbies or any other information that would help us find you the adequate host family:___________________________________________