



# UNIVERSITY OF ARUBA

## International Exchange Student Application Form

**Application Deadline: Herfst/ Fall Semester : 1 April & Lente/ Spring Semester: 1 October**

### Education

**Faculteit der Rechtsgeleerdheid / Law**

- Bachelor       Master

**Financieel Economische Faculteit / Accounting & Finance**

- Bedrijfseconomie/ Accounting & Finance  
 Commerciële Economie/ Marketing

**Faculty of Hospitality & Tourism Management Studies**

- Bachelor Hospitality & Tourism Management, International Business & Marketing  
 MBA International Tourism & Business

**Faculty of Arts and Science**

- Organization, Governance & Management (OG&M)  
 Social Work & Development (SW&D)

### Personal Information

Surname \_\_\_\_\_  
*(Maiden Name)*

All given names \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
*(dd/mm/yyyy)*

Passport # \_\_\_\_\_ Gender \_\_\_\_\_

Nationality \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Zipcode \_\_\_\_\_

Country \_\_\_\_\_

## Contact Person in case of Emergency

Name:

Adress:

Zipcode:

Country:

Telephone:

E-mail:

## Host / Sending University Information

Name University:

Faculty:

Country:

Zipcode:

Name Contact Person:

Telephone Contact Person:

E-mail Contact Person:

## Study Information of Student

Year:

Faculty:

## Period of Exchange and Program

- Internship
- Exchange Program
- Fall Semester (End of August to Mid- January)
- Spring Semester ( Mid- January to Mid July)
- 1 Year (2 Semesters)

**Internship Information**

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

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Company Supervisor: \_\_\_\_\_

Email Supervisor: \_\_\_\_\_

UA Internship Coordinator: \_\_\_\_\_

Start Day of Internship: \_\_\_\_\_

Last Day of Internship: \_\_\_\_\_

**Learning Agreement  
Details of the proposed study program abroad**

Course unit code (if any) and Faculty Name	Course unit title (as indicated in the information package)	Number of ECTS Credit

Payment information: RBTT Bank Aruba Acc# 30.58.646 in favor of Universiteit van Aruba.  
Payment reference: Please print complete name, exchange faculty name

**Motivation**

**Give a brief explanation of your motivation to study or do your internship abroad.**

A large, empty rectangular area with a light gray gradient background, intended for the student to write their motivation for studying or doing an internship abroad.

## Declaration

I declare that all the information I provided on this application form is true, accurate, complete and that all written responses are my own work. I understand that withholding information or giving false information will invalidate my application and make me ineligible for admission to the program. I acknowledge that the University of Aruba reserves the right to vary or reverse any decision regarding admission or enrollment made on the basis of incorrect or incomplete information. I agree to abide by all academic, administrative and examination rules and regulations of the University of Aruba. I declare to have read and understood the conditions of this application, and understand that this application does not qualify as admission to the program.

\_\_\_\_\_  
Signature student

Date: \_\_\_\_\_

## For Administrative Use Only

- Accepted  
 Not Accepted

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Dean Receiving Institution

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Dean Sending Institution

Date: \_\_\_\_\_

## Student Contact Information in Aruba

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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