



# International Exchange Student Application Form

**Application Deadline: Fall Semester : May 1st & Spring Semester: November 1st**

**Only digitally completed application forms, including the signature of the sending institution and student will be accepted.**

## Please check mark the faculty that you will be attending

### Faculty of Law (FdR)

- Bachelor       Master

### Faculty for Accounting, Finance and Marketing (FEF)

- Bedrijfseconomie/ Accounting & Finance  
 Commerciële Economie/ Marketing

### Faculty of Hospitality & Tourism Management Studies (FHTMS)

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

### Faculty of Arts and Science (FAS)

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

## 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:

## Sending University Information

Name University:

Faculty:

Country:

Zipcode:

Name Contact Person:

Telephone Contact Person:

E-mail Contact Person:

## Study Information of your Current Studies

Year:

Faculty:

## Period of Exchange Program

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

**Motivation**

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

A large, empty rectangular area with a light grey gradient background, intended for the student to write their motivation for studying 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: \_\_\_\_\_

## Please check the documents that have been attached to this application.

- Copy Passport (PDF)
- Learning Agreement

## For Administrative Use of the University of Aruba Only

- Accepted
- Not Accepted

Comments:

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

\_\_\_\_\_

Signature Dean sending Institution

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

## For Administrative Use of the host University only

Comments:

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

\_\_\_\_\_

Signature Dean host Institution

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