



Outgoing Exchange Student Application Form

Application Deadline: Fall Semester : April 1st & Spring Semester: October 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 are 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 _____

Contact Person in case of Emergency

Name:

Adress:

Zipcode:

Country:

Telephone:

E-mail:

Host University Information (information of the University that you will be attending)

Name University:

Faculty:

Country:

Zipcode:

Name Contact Person:

Telephone Contact Person:

E-mail Contact Person:

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 or do your 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: _____

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: _____