



APPLICATION FORM FOR INTERNSHIPS AT UNIVERSIDAD DE CONCEPCIÓN

FULL NAME OF APPLICANT:	
DISCIPLINE:	
E-MAIL:	
HOME INSTITUTION:	
KIND OF INTERNSHIP: CLINICAL ROTATION/ RESEARCH/ LABORATORY/ OTHER:	
PROGRAM OF INTEREST AT UNIVERSIDAD DE CONCEPCIÓN:	
NAME OF PROFESSOR RESPONSABLE AT UDEC: E-MAIL: PHONE/ANEX:	
PERIOD OF STAYING:	
<u>SUPPORTING DOCUMENTS</u>	
<ul style="list-style-type: none">• Letter describing the area of academic work to be developed and period of stay.• Supporting letter of guide professor, supervisor, tutor.• Brief Curriculum Vitae.• Copy of Passport.• Copy of health insurance.• Certificate of Spanish language command (B1 Level).	
Mónica Zambrano Aguayo Assistant Director	mzambran@udec.cl Tel: 56-41-2203842





Universidad de Concepción
Dirección de Relaciones Internacionales

Responsible Ingoing/Outgoing Student Mobility
Office for International Relations

www.udec.cl/dri

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