

SRE

2012 MEXICAN GOVERNMENT SCHOLARSHIP PROGRAM FOR FOREIGN CITIZENS

APPLICATION FORM A



ACADEMIC ACTIVITY TO BE CONDUCTED IN MEXICO

| Institution: | | | | Level of studies: | | | |
|------------------------|------------------------|------------|---------|-------------------|-----|-------|------|
| Program start date: | | <u> </u> | | Program end date: | / | / | |
| | Day | Month | Year | - | Day | Month | Year |
| If you have already st | tarted th | ne progra | m: | | | | |
| Start date: | Current academic year: | | | | | | |
| Current GPA/Other e | valuatio | ons: | | | | | |
| Period for which the s | | | quested | | | | |

Supporting documentation must be attached

GENERAL INFORMATION

| | Paternal Last Name | womer's maluen name | First Name (s) | | |
|-------------------|---|---------------------------------|-------------------------|--|--|
| Nationality: | · | | ,,,,,, | | |
| Sex: (F) | (M) | Date of Birth | : / / Year Month Day | | |
| Marital Status: | Single () Married () Free u | inion () Divorced () Other: (sp | pecify) | | |
| Name of spou | se: | Nationality | | | |
| Address: | Street Address | | | | |
| | Street Address | | | | |
| City | State/Province | Country | Zip code | | |
| Telephone (wi | th country code): | Office teleph | none: | | |
| Email (*): | | | | | |
| (*) The Foreign M | inistry may contact you officially by e | mail. | | | |

-HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED-

ACADEMIC COORDINATOR OR ADMISSIONS CONTACT AT THE MEXICAN INSTITUTION

| Name: | |
|--|---|
| Position: | _ |
| Telephone: | - |
| Email: | |
| ¿Do you have another scholarship or are you applying for | r another scholarship for the same program or research in |
| addition to the Foreign Ministry scholarship? | Yes () No () |
| From which institution: | |
| Period | |
| | |
| | NFORMATION |
| Bachelor's degree: | Grade Point Average (GPA): |
| Institution: | |
| City and country: | |
| | |
| Master's degree, medical specialization or subspecializat | |
| Institution: | |
| GPA: | City and country: |
| Doctorate: | |
| | Start and end dates: |
| GPA: | |
| | |
| | country and years. Attach supporting documentation. |
| Languages Native language: Other languages: If the native language is not Spanish, indicate proficiency language center or university. | y in Spanish and attach supporting document issued by a |
| EMPLOYMENT | BACKGROUND |
| | estitution or Company: |
| Previous Employment | |
| Institution or company: | Position: |
| Dates started and ended: | |
| Specify what type of employment you will have in your co | |

TEACHING OR RESEARCH ACTIVITIES

Indicate the teaching activity or research that you are engaged in, the institution and dates:

RECENT PUBLICATIONS

Titles of the three most recent publications related to the planned activity (give dates):

HONORS, AWARDS AND SCHOLARSHIPS/GRANTS

| Academic awards, honors, etc. received: | | |
|--|------------------------------|-------------------------------|
| Have you previously had a Foreign Ministry scholarship: | yes () no () | Dates: |
| Academic activity: | Institution: | |
| Other scholarships for studies or research abroad. In conducted and start and end dates. | dicate granting institution, | country where the activity wa |

ADDITIONAL INFORMATION

| Has your spouse applied | I for or have a scholarship to stud | dy in Mexico? yes() no(|) | | | |
|-------------------------------|-------------------------------------|-------------------------|-----|--|--|--|
| Períod: Granting institution: | | | | | | |
| Economic dependents: | | | | | | |
| Relationship | Full Name | Date of Birth | Sex | | | |
| | | | T | | | |
| | esides in Mexico, state date of ar | Day Month Year | | | | |
| Street Address | | | | | | |
| Email: | code): | Cellular phone: | | | | |
| | | RGENCY, NOTIFY: | | | | |
| | | | | | | |
| Relationship: | | Country: | | | | |
| Fax: | | mail: | | | | |

I accept the terms and conditions of the 2012 Foreign Ministry Scholarship Program for Foreign Citizens, which include the Terms and conditions for Recipients of the Foreign Ministry Scholarships.

Signature of the Applicant

Place and Date

Important Note: The information contained in this application will be verified by the Foreign Ministry. The inclusion of false information is grounds for cancellation of the application.

OFFICIAL NOMINATION OF THE CANDIDATE BY HIS/HER GOVERNMENT*

THE GOVERNMENT OF _____

OFFICIALLY NOMINATES _____

AS ITS CANDIDATE FOR A SCHOLARSHIP FROM THE MEXICAN GOVERNMENT, THROUGH THE MINISTRY OF FOREIGN AFFAIRS.

NAME OF THE NOMINATING OFFICIAL:

| POSITION: | | ······································ | | · |
|------------|------|--|-----------|----------|
| | | <u> </u> | . <u></u> | |
| ADDRESS: | | ····· | | |
| TELEPHONE: | | | | <u> </u> |
| EMAIL: | | | | |

SIGNATURE

PLACE AND DATE

INSTITUTIONAL SEAL

* An official communication from the institution responsible for scholarships in the candidate's country can be submitted instead of this format.