

APPLICATION FORM

2019 MEXICAN GOVERNMENT SCHOLARSHIP PROGRAM FOR INTERNATIONAL STUDENTS

INFORMATION ABOUT THE APPLICANT

FILL OUT THIS FORM ON A COMPUTER. NO HANDWRITTEN TEXT WILL BE RECEIVED

In case this form is altered the application will be canceled automatically

LAST NAME(S):

NAME (S):

DATE OF BIRTH: GENDER: F M
dd/mm/yyyy

NATIONALITY:

CIVIL STATUS:

SPOUSE OR PARTNER'S NAME
(if applicable)

CURRENT ADDRESS:

street address / interior number / exterior apt number

.....
city / town state / province zip code

COUNTRY OF ORIGIN: CURRENT COUNTRY OF RESIDENCE:

HOME PHONE NUMBER:

indicate international dialing code

CELLPHONE NUMBER:

indicate international dialing code

OFFICE PHONE NUMBER:

indicate international dialing code

EMAIL ADDRESS:

PASSPORT NUMBER:

BLOOD TYPE:



Current photo (no more than 30 days) with the following specifications: white background, frontal view, no glasses, head and face exposed, without smiling.

HAVE YOU OBTAINED A SCHOLARSHIP FROM THE MEXICAN GOVERNMENT? YES NO

START DATE: **END DATE:**
dd/mm/yyyy *dd/mm/yyyy*

ACTIVITIES CONDUCTED DURING THE SCHOLARSHIP:

.....

.....

ACADEMIC ACTIVITY TO BE CONDUCTED IN MEXICO

ARE THE STUDIES YOU INTEND TO CARRY OUT IN MEXICO TAUGHT IN YOUR COUNTRY OF ORIGIN? YES NO

ACADEMIC MODALITY TO BE CONDUCTED:

.....

RECEIVING MEXICAN INSTITUTION:

.....

START DATE: **END DATE:**
(of the academic program) *dd/mm/yyyy* *(of the academic program)* *dd/mm/yyyy*

HAVE YOU ALREADY STARTED THE STUDIES: YES NO

START DATE: **END DATE:**
dd/mm/yyyy *dd/mm/yyyy*

ACADEMIC CYCLE YOU ARE CURRENTLY STUDYING:

GRADE POINT AVERAGE:

SPECIFIC PERIOD FOR THE SCHOLARSHIP APPLICATION (START AND END DATES):

.....

IT IS REQUIRED TO ENCLOSE SUPPORTING DOCUMENTS FOR THE APPLICATION

RESPONSIBLE AUTHORITY WITH WHICH YOU HAVE CONTACT TO CONDUCT ACTIVITIES IN MEXICO

FULL NAME OF THE RESPONSIBLE:

RECEIVING INSTITUTION:

PHONE NUMBER: **POSITION:**

EMAIL ADDRESS:

DO YOU HAVE ANY SUPPORT TO CONDUCT THE ACTIVITY FOR WHICH YOU ARE APPLYING FOR THIS SCHOLARSHIP? **YES** **NO**

FROM WHICH INSTITUTION?

ACADEMIC PERIOD:
indicate start and end dates

TYPE OF SUPPORT:

ACADEMIC INFORMATION

THE GRADE POINT AVERAGE MUST BE INPUTED IN THE MEXICAN SCALE: 0/100

In case of being on a different scale, it is required to present its equivalence.

UNDERGRADUATE STUDIES

ACADEMIC PROGRAM:

INSTITUTION:

CITY AND COUNTRY:

START DATE: **END DATE:**
dd/mm/yyyy *dd/mm/yyyy*

GRADE POINT AVERAGE:

MASTER'S DEGREE STUDIES:

ACADEMIC PROGRAM:

INSTITUTION:

CITY AND COUNTRY:

START DATE: **END DATE:**
dd/mm/yyyy dd/mm/yyyy

GRADE POINT AVERAGE:

DOCTORAL STUDIES:

ACADEMIC PROGRAM:

INSTITUTION:

CITY AND COUNTRY:

START DATE: **END DATE:**
dd/mm/yyyy dd/mm/yyyy

GRADE POINT AVERAGE:

EMPLOYMENT INFORMATION

CURRENT WORK ACTIVITY:

INSTITUTION OR COMPANY:

ENTRY DATE: **JOB POSITION:**
dd/mm/yyyy

PREVIOUS EMPLOYMENT:

INSTITUTION OR COMPANY:

ENTRY DATE: **END DATE**
dd/mm/yyyy dd/mm/yyyy

JOB POSITION:

TEACHING AND RESEARCH ACTIVITIES

INSTITUTION:

STARTING DATE: *dd/mm/yyyy* **TERMINATION DATE:** *dd/mm/yyyy*

TEACHING AND RESEARCH ACTIVITIES CONDUCTED:

.....
.....
.....
.....

RECENT PUBLICATIONS

NAME YOUR MOST RECENT PUBLICATIONS REGARDING THE ACADEMIC STUDIES TO BE CONDUCTED:
(a maximum of 5)

.....
.....
.....
.....
.....

DISTINCTIONS, AWARDS AND SCHOLARSHIPS

NAME THE DISTINCTIONS, AWARDS AND SCHOLARSHIPS OBTAINED INDICATING DATES:
(if applicable)

.....
.....
.....

IN CASE OF HAVING OBTAINED NATIONAL OR INTERNATIONAL SCHOLARSHIPS TO CONDUCT STUDIES OR RESEARCH. NAME THE MOST RECENT:

GRANTING INSTITUTION:

COUNTRY IN WHICH YOU CONDUCTED YOUR STUDIES/RESEARCH:

START DATE: **END DATE:**
dd/mm/yyyy *dd/mm/yyyy*

GRANTING INSTITUTION:

COUNTRY IN WHICH YOU CONDUCTED YOUR STUDIES/RESEARCH:

START DATE: **END DATE:**
dd/mm/yyyy *dd/mm/yyyy*

IN CASE OF EMERGENCY

NAME OF THE PERSON TO NOTIFY:

RELATIONSHIP: **COUNTRY:**

PHONE NUMBER: **CELLPHONE NUMBER:**
indicate international dialing code *indicate international dialing code*

ADDRESS:

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND ACCEPT THE TERMS AND CONDITIONS OF THE 2019 MEXICAN GOVERNMENT SCHOLARSHIPS FOR INTERNATIONAL STUDENTS CALL

.....
APPLICANT'S SIGNATURE

.....
DATE AND PLACE

IMPORTANT NOTE: THE INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED BY AMEXCID. IN CASE IT IS FOUND TO BE FALSE THE REQUEST SHALL BE CANCELLED