



Costa Rica Institute of Technology
Office of Cooperation and International Affairs

INTERNATIONAL PROGRAMS

Registration Form

1. GENERAL INFORMATION

PERSONAL INFORMATION

Male:___ Female:___

Name:_____ Last Name:_____

Passport No.:_____ Birth Date:_____ Age:_____

Country of Residence:_____ Nationality:_____

Address:_____

Zip Code:_____ Email: _____

Phone:_____ Mobile:_____

(With International Code Prefixes)

IN CASE OF EMERGENCY:

Name:_____ Last Name:_____

Relationship:_____

Zip Code:_____ Email: _____

Home Phone:_____ Mobile:_____ Work Phone:_____

(With International Code Prefixes)

Dirección de Cooperación – Sección: Programas Internacionales: (506) 2550-2216/2558 Telefax: (506) 2551-7424. Email: mumana@itcr.ac.cr. Apartado Postal- 159-7050- Cartago, Costa Rica.

Web Site: www.tec.ac.cr

UNIVERSITY OF ORIGIN

College: _____ Career/Major: _____

Faculty/ Department: _____

Phone: _____

Email: _____

Responsible / Exchange Coordinator

Name: _____ Last Name: _____

Email: _____

Work Phone: _____ Mobile: _____
(With International Code Prefixes)

2. HOUSING INFORMATION

***Note: Fill out the following form if you are staying with host families**

Date of Arrival to Costa Rica: _____ Date of Departure from Costa Rica: _____

Flight No: _____

Period of Staying : _____ Number of Days: _____

Allergic: Yes ___ No ___ Specify: _____

Smoke: Yes ___ No ___

Vegetarian : Yes ___ No ___

Diabetic: Yes ___ No ___

Animal Friendly: Yes ___ No ___

Children Friendly: Yes ___ No ___

¿Do you have any physical disabilities or special condition that we should know of?

Observations: _____

Signature: _____

Date: ___/___/___

(*Note: Please include a copy of your passport with this application)

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