



## International Professors Form

Date:

### Personal information

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First name(s):

Last name(s):

Passport number:

Nationality:  Country:  Language(s):

Phone number:  E-mail address:

Emergency contact information:  Phone number/E-mail address:

### Academic information

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Home institution:

University acronym:

Research line:

### Entry information

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Arrival date:  Departure date:

Name of project or activity to be performed:

Type of activity (research, teaching, outreach, other):

Visiting purpose:

Description of the activity:

Laboratory and/or research group you are joining (if applicable):

Host professor name:

Host professor e-mail address:

Please attach travel insurance and invitation letter to the following e-mail address: [fciencia.vime@usach.cl](mailto:fciencia.vime@usach.cl)



### Mobility details

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Program or agreement (if applicable):

Funding source (external grant from USACH, financial support from USACH, other):

Indicate administrative resolution (in case of USACH resources, otherwise place "Does not apply"):

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International Professor Signature

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Host Professor or person in charge Signature