



NOV17

Enrollment Handbook

[INTERNATIONAL STUDENTS]

Secretaría de Alumnos Internacionales

25 de mayo 99, 3103
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Introduction

Welcome to Universidad Adventista del Plata!

We are glad to know that you were admitted and that you are ready to study at UAP. As we already mentioned in previous communications, the purpose of this Enrollment Handbook is to help you prepare the documents you have to submit once you arrive to our campus.

As you complete these forms and gather the necessary documents, think of the beautiful experiences that you will be able to enjoy at UAP, the excellent professional training you will get, the friends you will meet from different parts of the world and the staff that will dedicate their lives to help you grow and be prepared to face life successfully. Above all, think about the wonderful plans God has for you in this place.

Each part of this handbook will get you closer to a wonderful adventure: being a student at UAP. If you need assistance with any instance of the process, we are here to help you and you can find the contact information on the cover of this handbook.

See you at UAP. God bless you!



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Secretary of Students Life

Submit the following forms:

F1 Parents authorization for different activities at UAP (only for students under 18 years of age living in the dormitories of the university).

F2 Ethical commitment

Students are advised to have a medical insurance with coverage in the province of Entre Ríos

Student residencies

The university provides bed, mattresses, tables, chairs and closets in every room for boarding students. Students can also use the washers and dryers in the laundry room.

Students must bring:

Pillows, sheets and blankets or quilts for the coldest months.

Towels and hand towels.

Informal clothes and more formal clothes for spiritual meetings.

Personal hygiene items, an iron and a hair dryer.

School supplies (they can also buy them here).

Prescribed medicines.

Personal cell phones, computers and other electronic devices are useful, but they are the sole responsibility of the students.

In the case of students under 21 years of age not living with direct relatives, they must live in the dormitories during the school year.

Change of status from boarding to non-boarding student.

The University organizes the capacity of the dormitories according to the number of admitted students. If you want to change your status from boarding to non-boarding student, you will need to request an exception to the Secretary of Students Life. Once authorized, you must pay the compensation specified in the Fee Regulations (ask Students Finances).



Academic Secretary

Enrollment requirements for undergraduate degrees

Submit the following forms:

- F3 Medical examination
- F4 Affidavit for new students
- F5 Student consent
- F10 Affidavit of validity of degree

Also submit:

- D1 One ID size picture (4x4).
- D2 Passport or Identity Card from the country of origin; original (it will be returned) and a photocopy.
- D3 Certification of studies or diploma of the high school degree, original and certified in the country of origin by the Ministry of Education, Ministry of Foreign Affairs with The Hague Apostille or by the Argentine Consulate of the country of origin. The Ministry of Education or its equivalent in the country of origin will give you more information on this regard. All documents written in a language other than Spanish, with the exception of those coming from Brazil, will have to be translated into Spanish by a sworn public translator and certified by a Sworn Translators Association in Argentina. (Law No 20.305, art. 6).

Validation of high school degree. To receive the academic degree, you must have the Foreigners National Identity Card and you must have your high school degree validated. You can have more information in the Academic Secretary of the university.

The validation of high school degrees is automatic for foreign students whose parents are Argentine. By Resolution No 497/2006 of the Ministry of Education, Science and Technology of Argentina, Argentine citizens or their sons and daughters who have completed high school studies or its equivalent in another country, are authorized to study in Tertiary, University and Non-University levels, without taking the subjects on National Education.

Foreigners National Identity Card. More detailed information regarding this aspect can be found on page 10 of this handbook and you will be provided with further assistance by the International Students Secretary once you get to UAP (International Students Secretary)



Academic Secretary

Enrollment requirements for graduate degrees

Submit the following forms:

- F3 Medical examination
- F4 Affidavit for new students
- F5 Student consent
- F10 Affidavit of validity of degree

Also submit:

- D1 One ID size picture (4x4).
- D2 Passport or Identity Card from the country of origin; original (it will be returned) and a photocopy.
- D3 Certification of studies or diploma of the high school degree, original and certified in the country of origin by the Ministry of Education, Ministry of Foreign Affairs with The Hague Apostille or by the Argentine Consulate of the country of origin. The Ministry of Education or its equivalent in the country of origin will give you more information on this regard. All documents written in a language other than Spanish, with the exception of those coming from Brazil, will have to be translated into Spanish by a sworn public translator and certified by a Sworn Translators Association in Argentina. (Law No 20.305, art. 6).
- D4 Diploma or certification of studies of the undergraduate degree, original and certified in the country of origin by the Ministry of Education, Ministry of Foreign Affairs with The Hague Apostille or by the Argentine Consulate of the country of origin. The Ministry of Education or its equivalent in the country of origin will give you more information on this regard. All documents written in a language other than Spanish, with the exception of those coming from Brazil, will have to be translated into Spanish by a sworn public translator and certified by a Sworn Translators Association in Argentina. (Law No 20.305, art. 6).

Validation of high school degree. To receive the academic degree, you must have the Foreigners National Identity Card and you must have your high school degree validated. You can have more information in the Academic Secretary of the university.

The validation of high school degrees is automatic for foreign students whose parents are Argentine. By Resolution No 497/2006 of the Ministry of Education, Science and Technology of Argentina, Argentine citizens or their sons and daughters who have completed high school studies or its equivalent in another country, are authorized to study in Tertiary, University and Non-University levels, without taking the subjects on National Education.

Foreigners National Identity Card. More detailed information regarding this aspect can be found on page 10 of this handbook and you will be provided with further assistance by the International Students Secretary once you get to UAP (International Students Secretary)



Student Finances

Submit the following forms:

F6 Consent of the person financially responsible

F7 Financial commitment

To take into account:

- **SYSTEM TO ESTABLISH FEES.** The system to establish fees is set according to credit limits. This means that the tuition fee will include a determined number of credits, according to the number of subjects of the semester in progress. If the student wishes to take less subjects, the monthly fee (fee to be paid) will not necessarily be lower; if the student wishes to take more subject, he/she will have to pay the extra cost. Boarding students will pay fixed fees for food (8 payments, from March to June and from August to November) and housing (9 payments, from March to November). To receive more information, contact Students Finances.
- **PERSON FINANCIALLY RESPONSIBLE.** The student's finances with the university will be in charge of the person financially responsible: the person who pays the fees and is responsible for all expenses incurred by the student.
- **FINANCING.** UAP offers financing plans to pay study fees. Students can choose between a 10-payment plan (from March to December) or a 12-payment plan (from March to February of the following year).
- **ACCOUNT BALANCE.** When the student is enrolled, the person financially responsible will receive the monthly account balance in the email address informed in the Admission form. The student will also receive it in the institutional email address given by the university: `namelastname@uap.edu.ar`
- **SENDING MONEY.** All money deposited in the university accounts will be used exclusively to cancel payments. If you wish to send money for other purposes, you can open a bank account in the bank of your choice.



Student Finances

Payment options:

- CASH. You can pay the tuition fee cash at the university's cash register (Argentine pesos, dollars and euros are accepted, at the currency exchange of the day).
- CREDIT CARD. Mastercard or Visa. Mastercard or Visa. You can pay at the university's cash register, extract money from an ATM and then pay at the university's cash register or pay online. Go to www.pagoporinternet.uap.edu.ar (or www.pagos.uap.edu.ar) and, with your credit card, follow the steps:
 - a. In "Concepto", choose the option you want to pay and complete the required fields. Click "Siguiete".
 - b. Complete the information of the credit card holder and the amount to pay. Click "Siguiete".
 - c. Read and sign the Consent. Click "Enviar".
 - d. When you finish the operation, write an email to finanzas@uap.edu.ar or finanest@uap.edu.ar including the date and means of payment, payment description, credit card holder and the name of the student receiving the payment.
- DEBIT CARD (FOR EXAMPLE CLAVE, MAESTRO, ETC.). In order to pay, you must have available funds in your savings or checking accounts. You can pay at the university's cash register or extract money from an ATM (Red Link, Cirrus or Banelco) and then pay at the university's cash register.
- WESTER UNION. In any Western Union location, you can request the QUICK PAY service (LIGHT BLUE FORM). The money sent through Western Union arrives quickly. Send money only through the QUICK PAY service. For more information, go to: http://www.payment-solutions.com/quickpay_form.asp. To look for Western Union locations with this service, go to: <http://www.payment-solutions.com/agent.asp>.

Complete the form indicating the following information:

- a. Company name: ASOCIACION COLEGIO ADVENTISTA DEL PLATA
- b. Company code: ADVENTISTADELPLATA, AN.
- c. Reference number: write name/s and last name/s of the student and other useful information, or the student number that can be found in the admission letter.
- d. Account number: 6683-7 (sometimes, it is not required in the form).



Computer Resources

Submit the following documents:

F9 Usage commitment and policies of computer resources

UAP offers free computer services to all students. The access to these computer resources is subject to the acceptance of the published use policies. Learn more at www.uap.edu.ar/dite.



International Students Secretary (**SAI**, *in Spanish*)

UAP is open to every citizen of every nationality, taking into consideration the Argentine Migratory Laws in force. Once admitted by the university, foreign students are properly advised by the personnel of the university in accordance to Law No 25,871, (clause 20,699, section 2, subsection c); in order to complete the steps to obtain a temporary residency as a student when they enter the country. **It is the students' responsibility to complete the migratory steps to stay in the country.** They have 30 days from the day they enter the country. The institution has the obligation to inform the National Direction of Migration the enrollment of every foreign student.

Submit the following documents:

F11 Immigration assistance notice

Also submit:

D5 Passport or identity Card

D6 Criminal Records Clearance, or its equivalent, certified with The Hague Apostille or the legalization of the Argentina Consulate. This certificate must be issued by the competent authorities of the countries where you lived for a period longer than ONE (1) year during the last THREE (3) years

D7 Two 4 x 4 pictures with white background

D8 Entry card or stamped seal of the immigration authority in the passport

Students under 18 years of age at the moment of appearing before the authorities of the Migration office will also have to submit the following documents:

D9 Birth Certificate, original and duly certified by The Hague Apostille or the Argentine consulate

D10 Photocopy of the identity cards of both parents

D11 Authorization for underage students, original and certified by The Hague Apostille or the Argentine consulate.

For legal reasons, parents must name a guardian in Argentina. The guardian must be over 18 years of age, Argentine or Argentine resident. Parents can name a guardian of their choosing or they can request the university to name a guardian in their stead. (See model in the admission letter)



International Students Secretary (**SAI**, *in Spanish*)

Pay the service fee in Banco Nación in the city of Concepción del Uruguay, Entre Ríos, Argentina, at the time of traveling to obtain the residency. In the following link you can find the migratory fees under the heading "SOLICITUD DE RESIDENCIA PERMANENTE O TEMPORARIA" http://www.migraciones.gov.ar/pdf_varios/tasas/cuadro_tarifario.pdf

Foreign students* with at least one Argentine parent can request settling by filiation. To do it, they have to submit D12 that consists of the original DNI of the Argentine parent

* Students under 18 at the moment of applying, they have to submit also **D5 to D11**.

* Students older than 18 at the moment of applying, they have to submit also **D5 to D9**.

CERTIFICATIONS: All documents issued in a foreign country must be certified by The Hague Apostille or the Argentine consulate in the country of issuance.

TRANSLATIONS: All documents written in a language other than Spanish, with the exception of those coming from Brazil, will have to be translated into Spanish by a sworn public translator and certified by a Sworn Translators Association in Argentina. (Law No 20.305, art. 6). DO NOT TRANSLATE THEM IN THE COUNTRY OF ORIGIN.

IMPORTANT: Failure to submit the requested documents will make it impossible to regularize the migratory situation of the student in Argentina.



FORMS Section



Forms checklist

UNDERGRADUATE DEGREES

Do you have all the documents ready? This is a short summary. The handbook contains a complete explanation on every section on how to request and legalize them.

- F1 Parents authorization
- F2 Ethical commitment
- F3 Medical examination
- F4 Affidavit for new students
- F5 Student consent
- F6 Consent of the person financially responsible
- F7 Financial commitment
- F8 Request to join the service of direct payment
- F9 Usage commitment and policies of computer resources
- F10 Affidavit of validity of degree
- F11 Immigration assistance notice

D1 and D7 three ID size picture (4x4), two of them must have a white background. The first picture is for **Academic Secretary (AS)** and the other two for the **Secretary of International Students (SAI)**.

D2 and D5 Passport or identity card for **AS** and **SAI**

D3 Original certification of studies and/or diploma of the high school degree for **AS**

D6 Criminal Records Clearance certificate or its equivalent for **SAI**

D8 Entry card or stamped seal of the immigration authority in the passport for **SAI**

Students under 18 years of age at the moment of appearing before the authorities of the Migration office will also have to submit the following documents:

From **D1** to **D8** and also:

D9 Original Birth Certificate

D10 Photocopy of the identity cards of both parents

D11 Authorization for underage students

Foreign students* with at least one Argentine parent can request settling by filiation. To do it, they have to submit **D12** that consists of the original DNI of the Argentine parent

* Students under 18 at the moment of applying, they have to submit also **D5 to D11**.

* Students older than 18 at the moment of applying, they have to submit also **D5 to D9**.



Forms checklist

GRADUATE DEGREES

Do you have all the documents ready? This is a short summary. The handbook contains a complete explanation on every section on how to request and legalize them.

- F1 Parents authorization
- F2 Ethical commitment
- F3 Medical examination
- F4 Affidavit for new students
- F5 Student consent
- F6 Consent of the person financially responsible
- F7 Financial commitment
- F9 Usage commitment and policies of computer resources
- F10 Affidavit of validity of degree
- F11 Immigration assistance notice

- D1 and D7** three ID size picture (4x4), two of them must have a white background. The first picture is for **Academic Secretary (AS)** and the other two for the **Secretary of International Students (SAI)**.
- D2 and D5** Passport or identity card for **AS** and **SAI**
- D3** Original certification of studies and/or diploma of the high school degree for **AS**
- D4** Diploma or certification of studies of the undergraduate degree for **AS**
- D6** Criminal Records Clearance certificate or its equivalent for **SAI**
- D8** Entry card or stamped seal of the immigration authority in the passport for **SAI**

Students under 18 years of age at the moment of appearing before the authorities of the Migration office will also have to submit the following documents:

From **D1** to **D8** and also:

- D9** Original Birth Certificate
- D12** that consists of the original DNI of the Argentine parent.



Form F1

SUBMIT TO
SECRETARY OF STUDENTS LIFE

PARENTS AUTHORIZATION FOR DIFFERENT ACTIVITIES

This form must be completed by the parents or guardians of students under 18 years of age. The authorization of the parents and guardians will be respected, without taking into account exit permits granted by the dormitories as part of the Regulations of boarding students.

I. REGULAR EXITS

Regular exits consist of two weekends a month to visit direct family. To request it, parents or guardians must send a signed authorization 24 hours in advance and include the name, address, date and phone number where the student will stay. The authorization can be sent by fax or email to bienestaux@uap.edu.ar or bienestaux2@uap.edu.ar.

During Weeks of Prayer (2 weekends per semester), students are not allowed to leave campus. These dates will be published in the Academic Calendar, which is given during the enrollment process in March.

II. MEDICAL ATTENTION

a. Indicate if you have health insurance: _____ YES NO

b. If you have health insurance, mention which one: _____

c. I authorize my son/daughter to receive medical attention. If he/she receives medical attention at Sanatorio Adventista del Plata, all expenses not covered by the health insurance will be charged to the students account. _____ YES NO

III. INSTITUTIONAL EXITS

a. Missionary trips: I authorize my son/daughter to leave during the days required to carry out missionary work in the community. _____ YES NO

b. Camping:
I authorize my son/daughter to participate in camping activities and educational exists. _____ YES NO

c. Trips with music or art groups: I authorize my son/daughter to take part in a choir, ensemble or art group and to participate in trips. _____ YES NO

This authorization is valid until the student is 18 years of age. To change one of the previous points, the person responsible must send a signed note.

Last name and first name of the student: _____

Last name and first name of the father, mother or guardian: _____

Signature of the father, mother or guardian: _____

Date: ____ / ____ / ____



Form F2

SUBMIT TO
SECRETARY OF STUDENTS LIFE

ETHICAL COMMITMENT

I. UAP is an institution based on Christian life principles and seeks to prepare leaders that stand out for their ideals of service to God and their fellow human beings. In pursuing this goal, the Adventist educational system seeks an integral education of students, taking into account the harmonious development of their physical, mental, social and spiritual faculties.

II. UAP is opened to every student regardless of nationality, race, creed and socioeconomic status and whose aspirations and interests are in harmony with those of the institution. For those who accept, value and enjoy this educational system, all social, religious, body care and health care activities are as important as classroom activities.

III. This Student Handbook has guidelines and regulations based on Christian life principles that guide student's life in the institution.

I HEREBY DECLARE THAT I have read the Student Handbook (<http://www.uapar.edu/informes/admision/>). With my signature, I accept its content and I commit to respect the regulations as long as I am a student of the institution. By signing this commitment, I am helping to maintain the high principles of the institution, which will contribute to the Christian, healthy and diverse atmosphere.

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age:

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____



Form F3

SUBMIT TO
ACADEMIC SECRETARY

MEDICAL EXAMINATION

All students at UAP must have a medical examination before enrollment. All information will be confidential. The following form must be completed and signed by the physician.

Last name and first name of the student: _____

Age: _____

Height: _____

Weight: _____

Blood pressure: _____

Date: ____ / ____ / ____

I. REGION EXPLORED

NORMAL ABNORMAL

a. Vision _____

b. Hearing _____

c. Oral cavity _____

d. Respiratory system _____

e. Cardiovascular system _____

f. Digestive system _____

g. Urinary system _____

h. Nervous system _____

i. Skeletal and muscular system _____

j. Chest X-ray, front _____

Explanation of abnormalities

II. LABORATORY

NORMAL ABNORMAL

a. Blood type _____

b. Blood count _____

c. Erythro sedimentation _____

d. Blood sugar levels _____

e. Simple urine test _____

Explanation of abnormalities



Form F3 (cont.)

SUBMIT TO
ACADEMIC SECRETARY

III. GENERAL

- a. Is the patient diabetic? Which type? _____
- b. Does the patient have allergies? To what? _____
- c. Is the patient on any regular medication? Which one? _____
- d. Additional notes of the physician: _____
- _____
- _____

IV. Additional studies for students who will study Medicine:

- a. Hepatitis B vaccine: submit the certificate and complete the date of vaccination:
- _____

V. Additional studies for students who will study Nursing and Physical Therapy:

- a. Lumbosacral spine x-ray, front and side: submit the result of the study
- b. Hepatitis B vaccine: submit the certificate and complete the date of vaccination:
- _____

VI. Additional studies for students who will study Physical Education

- a. Lumbosacral spine x-ray, front and side: submit the result of the study
- b. Ergonometry: submit the result of the study.
- _____

Last name and first name of the physician: _____

Signature of the physician: _____

License and seal: _____

Date: ____ / ____ / ____



Form F4

SUBMIT TO
ACADEMIC SECRETARY

AFFIDAVIT FOR NEW STUDENTS

I. INFORMATION RELATED TO UAP

Degree the student is entering: _____
School: _____

II. PERSONAL INFORMATION

Last name(s) and first name(s) (according to identity card or passport): _____
Sex: M F
Identity card (type and number) _____
Will the student live in the dormitories? Yes No
Date of birth: _____
Nationality: _____
Place of birth: _____
Province/State: _____
Country: _____
Marital status: Single Married Divorced Other: _____
E-mail: _____
Religion: _____

III. PERMANENT ADDRESS (permanent place of residence of the family)

Street: _____
Number: _____ Apartment: _____ Floor: _____
Zip code: _____
City: _____ Province/State: _____
Country: _____ Telephone number: _____

IV. HIGH SCHOOL THE STUDENT GRADUATED FROM

Name of the institution: _____
City: _____
Province: _____ Country: _____
Year of graduation: _____ Degree granted: _____



Form F4 (cont.)

SUBMIT TO
ACADEMIC SECRETARY

V. INFORMATION OF THE PARENTS

Father:

Last name and first name: _____

Address: _____

Province: _____

Country: _____

Telephone number: _____

Occupation: _____

Religion: _____

Education: Primary High school College

Mother:

Last name and first name: _____

Address: _____

Province: _____

Country: _____

Telephone number: _____

Occupation: _____

Religion: _____

Education: Primary High school College

Modifications: _____

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age:

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____



Form F5

SUBMIT TO
ACADEMIC SECRETARY

STUDENT CONSENT

I, I, (indicate last name and first name of the student) _____
identity card or passport number _____ ; student of Universidad Adventista del Plata
(hereinafter UAP) declare under oath that the information in the following documents (cross out as
appropriate): Affidavit of new student, Physical exam, Affidavit of validity of degree for foreign students and
Financial commitment, are true. I give my consent for the documents to be included in the Academic Database
of UAP, under the responsibility of the Secretary of Students Life, Students Finances and the Academic
Secretary (25 de Mayo 99, Libertador San Martín, E.R.), for the purpose of improving the relationship that binds
me to this institution. Furthermore, I give my consent to process the above-mentioned data, to keep, order,
store, dissociate or delete it within university and for the requested purposes. I reserve the right to request /
authorize the national and international assignment of this information; notwithstanding the aforementioned,
I authorize UAP to give information regarding my academic performance to the person financially responsible
when requested, or to the person who provides scholarships and student loans, in case I benefit from them,
when requested. Unless expressed otherwise, I declare to know that the answers provided are facultative and
were given freely and voluntarily, as well as the right granted to me to access the records with my information
at any time, and, when appropriate, request a modification or suspension of the term of article 14 and 16 of the
Personal Data Protection Act.

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age:

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____



Form F5 (cont.)

SUBMIT TO
ACADEMIC SECRETARY

II. I hereby authorize Universidad Adventista del Plata, in agreement with what is established in article 31 of Act 11723 of intellectual property, to use my personal pictures/videos taken by the Department of Communications in any graphic material for institutional and/or promotional purposes. I grant this expressed and voluntary authorization, waiving any claim derived from the use - commercial or non-commercial - of the images, without prejudice of the due protection of the personal rights that could apply.

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age:

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____

III. I give my expressed, free and voluntary authorization to UAP, under the terms of article 11 of the Personal Data Protection Act to give my information of the Academic Database, when appropriate, to the Santander Río bank in order to process a magnetic card called "intelligent university credential", strictly for academic purposes within the University, in agreement with sections 2.3.1 and 2.3.2 of the agreement between the university and said bank. I declare to know that this authorization is optional for the purposes of my relationship with UAP and may be revoked without retroactive effect at any time, in agreement with clause 2 of said article.

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age:

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____



Form F6

SUBMIT TO
ACADEMIC SECRETARY

CONSENT OF THE PERSON FINANCIALLY RESPONSIBLE

I, I, (indicate last name and names) _____ financially responsible for the student (indicate last name and names) _____, declare under oath that the information on the Financial Commitment is true and I give my consent for the document to be included in the Academic Database of the university, under the responsibility of the Secretary of Students Life, Students Finances and the Academic Secretary (25 de mayo 99, Libertador San Martín, E.R.), for the purpose of improving the relationship that binds me to this institution. Furthermore, I give my consent to process the above-mentioned data, to keep, order, store, dissociate or delete it within university and for the requested purposes. I reserve the right to request / authorize the national and international assignment of this information. Unless expressed otherwise, I declare to know that the answers provided are facultative and were given freely and voluntarily, as well as the right granted to me to access the records with my information at any time, and, when appropriate, request a modification or suspension of the term of article 14 and 16 of the Personal Data Protection Act.

Signature of the person financially responsible: _____ *Date:* ____ / ____ / ____

Last name and first name of the person financially responsible: _____



Form F7

SUBMIT TO
STUDENTS FINANCES

FINANCIAL COMMITMENT

As responsible for the student (indicate student's last name and names) _____
before the River Plate Adventist University, by the present document I commit myself to:

- I. Assume the responsibility to pay in due time and form the corresponding charges (tuition, food, housing and other additional fees) as well as the financing plans over debit balances according to the schedule established by the institution, and using the payment methods stated by the university.
- II. Accept that the accrued installments are due the 10th of each month, and that after said date, the unpaid balances are automatically considered delayed payments.
- III. Accept that in the case of failure to comply with this signed agreement, the student might get suspended from classes and might not sit for final exams, present thesis dissertations, participate in the graduation ceremony or other agreed services. The present statement is non-negotiable.
- IV. Accept that in the case of having delayed payments, the university is entitled to apply a monthly additional interest on the unpaid balance without prior notice.
- V. Accept that in the case of not receiving the student account statement (Account Balance), I must rely on other means to obtain the information without depending exclusively on the reception of the same.
- VI. Accept that it is my sole responsibility to inform each area about any change that can affect my financial situation (such as change in the address, scholarships, discounts, credits modification, change of the financially responsible person or any other situation), being UAP not responsible in case of omissions.
- VII. Accept that UAP retains absolute right to future modifications, without prior notice, of the fees (tuition, food and housing), due to the variations in the legal requirements in force that may influence directly the cost of the given services or due to extraordinary variations in the economic situation of the country.
- VIII. Accept that the present commitment will be extended until the complete fulfillment of the obligations assumed.
- IX. Accept and give my consent for the document to be included in the Academic Database of the UAP, under the responsibility of the Financial Vice-Presidency (25 de mayo 99, Libertador San Martín, E.R.), for the purpose of improving the relationship that binds me to this institution. Furthermore, I give my consent to process the above-mentioned data, to keep, order, store, dissociate or delete it within university and for the requested purposes. Unless expressed otherwise, I declare to know that the answers provided are facultative and were given freely and voluntarily, as well as the right granted to me to access the records with my information at any time, and, when appropriate, request a modification or suspension of the term of article 14 and 16 of the Personal Data Protection Act.
- X. Accept that the data given in this document has the value of an affidavit, expressing they are correct and true, applying what is established in Art. 10, clause S of the University's Code of Ethics and Discipline (2006 Revision).



Form F7 (Cont.)

SUBMIT TO
STUDENTS FINANCES

Information of the person financially responsible

First name and last name: _____

Identity card: ID Passport Other _____ Number: _____

Nationality: _____ Date and place of birth: ____ / ____ / ____

Actual address: _____

Street _____

Number ____ Floor: ____ Apartment: _____ Zip code: _____ City: _____

Province: _____ Country: _____

Marital status: _____

If married, include name and last name of the spouse: _____

Religion: _____

Member of the church of: _____

Occupation: _____

Relationship with the student: _____

Activity and place where the activity is conducted: _____

Legal address Street: _____ Number ____ Floor: ____ Apartment: ____ Zip code: _____

City: _____

Telephone number/s: _____ E-mail: _____

Discounts and benefits

UAP offers the following discounts and benefits in relation to the person financially responsible. If you fall into any of the categories listed below, and want to apply for the benefits, complete the following information and attach the requested documents:

- Family group discount: first line, direct relatives under the same financially responsible person.
- Other students under your care.
 - Indicate last name and first name: _____
 - Indicate the relationship between the students: _____

The signer becomes the surety and principal debtor without restrictions and primary payor of the obligations contracted by the soliciting student, for the studies and any other obligations related to UAP, committing to respond for the student in the event the student breaches his/her responsibilities, and renouncing to the right of excursion, division and of prior action against the principal debtor, being an irrefutable notification of the debt from the University sufficient.

Place: _____ Date: ____ / ____ / ____

Signature and printed name of the person financially responsible: _____

ID number and type: _____

Signature and printed name of the applicant: _____

ID number and type: _____



Form F8

SUBMIT TO
STUDENTS FINANCES

REQUEST TO JOIN DIRECT PAYMENT SERVICE

I. I hereby authorize Asociación Colegio Adventista del Plata (CUIT N° 30-52937147-7) to debit from the Bank Account stated in this form, the charges according to the option chosen below:

a. PAYMENT OPTION (mark with a cross only one alternative): _____

- Complete school fee (it includes the items stated in the student account balance, such as regular school fee, and all additional charges of the student) _____
- School Fee (only school fee that includes tuition, food and housing, if the student lives in the dorms) _____
- Fixed Amount _____ Indicate amount: \$ _____

b. BANK ACCOUNT HOLDER INFORMATION

First name and last name: _____

ID number and type: _____

CUIT/CUIL Number: _____

c. BANK ACCOUNT INFORMATION

C.B.U. number: _____

Bank: _____

Branch: _____

Type of account (checking account, savings account): _____

Account number: _____

Client code: _____

d. STUDENT INFORMATION (if you are financially responsible for more than one student, complete the information of each student):

Number and name: _____

Number and name: _____

Number and name: _____

Number and name: _____

II. By these presents and with my signature, I authorize to use the Direct Payment System, which is part of the National System of Payment regulated by the Central Bank of Argentina according to communications A2559, A2622 and A2623, in the account stated in 2 and 3 above.

Signature of the person financially responsible: _____

Printed name: _____

ID number and type: _____



Form F9

SUBMIT TO
ACADEMIC SECRETARY

USAGE COMMITMENT AND POLICIES OF COMPUTER RESOURCES

The university offers certain computer resources to the students, which are detailed below. The institutional credentials (user name and password of the personal account) are private and nontransferable.

- I. E-MAIL. This is one of the official channels of communication of the university with the students. It is intended for academic use and it is strictly personal. It should not be used to distribute SPAM emails. Take into account that all emails sent are under the responsibility of the account holder. Students may be liable to disciplinary actions for improper use, if applicable. It is forbidden to transmit or consume information that violates the rights of other people, the moral and the public order, the regulations of this institution and the laws of the countries involved in the transmission of said information.
- II. COMPUTER LABS. The use of the equipment is responsibility of the account user, who must respect the rules of the department in which he/she uses the equipment. Students may be liable to disciplinary actions for improper use of the equipment.
- III. WI-FI. The university offers students free wireless Internet access. The use of the network is subject to the acceptance of the published use policies.
- IV. SELF-SERVICE SYSTEM. The university offers students a number of online services to make consultation and/or complete formalities. As with the other services, the system is accessed with institutional credentials. Through these services, students will be able to complete their admissions application and see their academic record, personal information and financial statement. They will also be able to enroll, complete their registration for final exams, search the library catalog and reserve material, among other services. Each online activity is subject to their own terms of use, which are duly informed. Students will also have to accept different consents during its use. When students do not fulfill the conditions and requirements needed for the activity in due time and form, the institution reserves the right to cancel or modify them as needed. The quality and availability of these services depend greatly on the individual responsibility of the users. The university shall not be held liable for the integrity, use and content of the data and information hosted and/or generated by the students.

The university reserves the right to modify the conditions established in this Handbook whenever it deems necessary. The university can also suspend the service in full or in part when necessary, due to administrative reasons, maintenance of equipment or due to force majeure.

The access to the free computer services offered to the students by the university is subject to the acceptance and compliance of the use policies detailed at: www.uap.edu.ar/dite.

The present commitment is signed as proof of consent and acceptance of the foregoing information and the policies and terms of use of the computer resources of the university.

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age:

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____



Form F10

SUBMIT TO
ACADEMIC SECRETARY

AFFIDAVIT OF VALIDITY OF DEGREE

In full awareness of the regulations in force (Resolution No 3225/71, 645/73 and 647/73 of the Ministry of Education of Argentina) and as a prospect student of UNIVERSIDAD ADVENTISTA DEL PLATA, I commit to the following terms:

I, (indicate last name and first name of the student) _____
a national of _____, identity card (indicate type) _____, number _____
with the following education (underline the correct option): : Completed high school studies / university studies
completed and passed, in (indicate institution) _____ declare that I under-
stand and accept that the degrees or diplomas I may receive from this university, will not enable me to practice
the profession in the Republic of Argentina unless I obtain the equivalent studies (convalidation) of my high
school education.

The Ministry of Education, in Note DNGU 1339/13 of the National Management of University Affairs, establish-
es that foreign high school degrees must be convalidated or recognized as soon as possible.

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age:

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____

Regulations implemented by the Academic Secretary of the university

Art. 1°. High school studies in any modality, which are required to enter a university, must have the following conditions:

1.1. They must be passed in an official institution.

1.2. They must be issued and legalized by the competent authority, indicating the issuing institution and the title granted, the entry and graduation date, grades and certifications obtained, date and place of issuance and the completion of the studies. All document must be legalized according to the regulations in force: The Hague Apostille or the Argentine Consulate of the country of origin.

Art. 2°. Students who cannot submit the certificate by the date they enroll, will be conditionally admitted for the period of time established by the Academic Secretary, when they submit enough proof that the document is pending issuance or legalization.

Art. 3°. All students enrolled in any degree at Universidad Adventista del Plata must complete the convalidation or recognition process (as applicable) to obtain the Argentine High School diploma in order to enroll in the 3rd year of the degree.



Form F11

SUBMIT TO
THE SECRETARY OF INTERNATIONAL STUDENTS

IMMIGRATION ASSISTANCE NOTICE

I. I hereby acknowledge that within 30 working days from the date of entering the country, I have to appear in person in the office of the National Direction of Migration to start the process to obtain the residency as a foreign student.

With that purpose, I have to submit the following documents:

D5 Passport or identity Card

D6 Criminal Records Clearance, or its equivalent, certified with The Hague Apostille or the legalization of the Argentina Consulate. This certificate must be issued by the competent authorities of the countries where you lived for a period longer than ONE (1) year during the last THREE (3) years.

D7 Two 4 x 4 pictures with white background

D8 Entry card or stamped seal of the immigration authority in the passport
To pay the service fee established by the legislation in force.

Students under 18 years of age at the moment of appearing before the authorities of the Migration office will also have to submit the following documents:

D9 Birth Certificate, original and duly certified by The Hague Apostille or the Argentine consulate

D10 Photocopy of the identity cards of both parents

D11 Authorization for underage students, original and certified by The Hague Apostille or the Argentine consulate

For legal reasons, parents must name a guardian in Argentina. The guardian must be over 18 years of age, Argentine or Argentine resident. Parents can name a guardian of their choosing or they can request the university to name a guardian in their stead. (See model in the admission letter).

II. I hereby state that I have been duly advised by Universidad Adventista del Plata on how to apply for a residency for foreign students and it is my sole responsibility to fulfill the requirements of the Immigration Law No 25,871, Disposition 20.699.

Signature of the student: _____

Last name and first name of the student: _____

Date: ____ / ____ / ____

For students under 18 years of age: _____

Signature of the father, mother or guardian: _____

Last name and first name of the father, mother or guardian: _____