



UNIVERSIDAD  
ADVENTISTA DEL PLATA

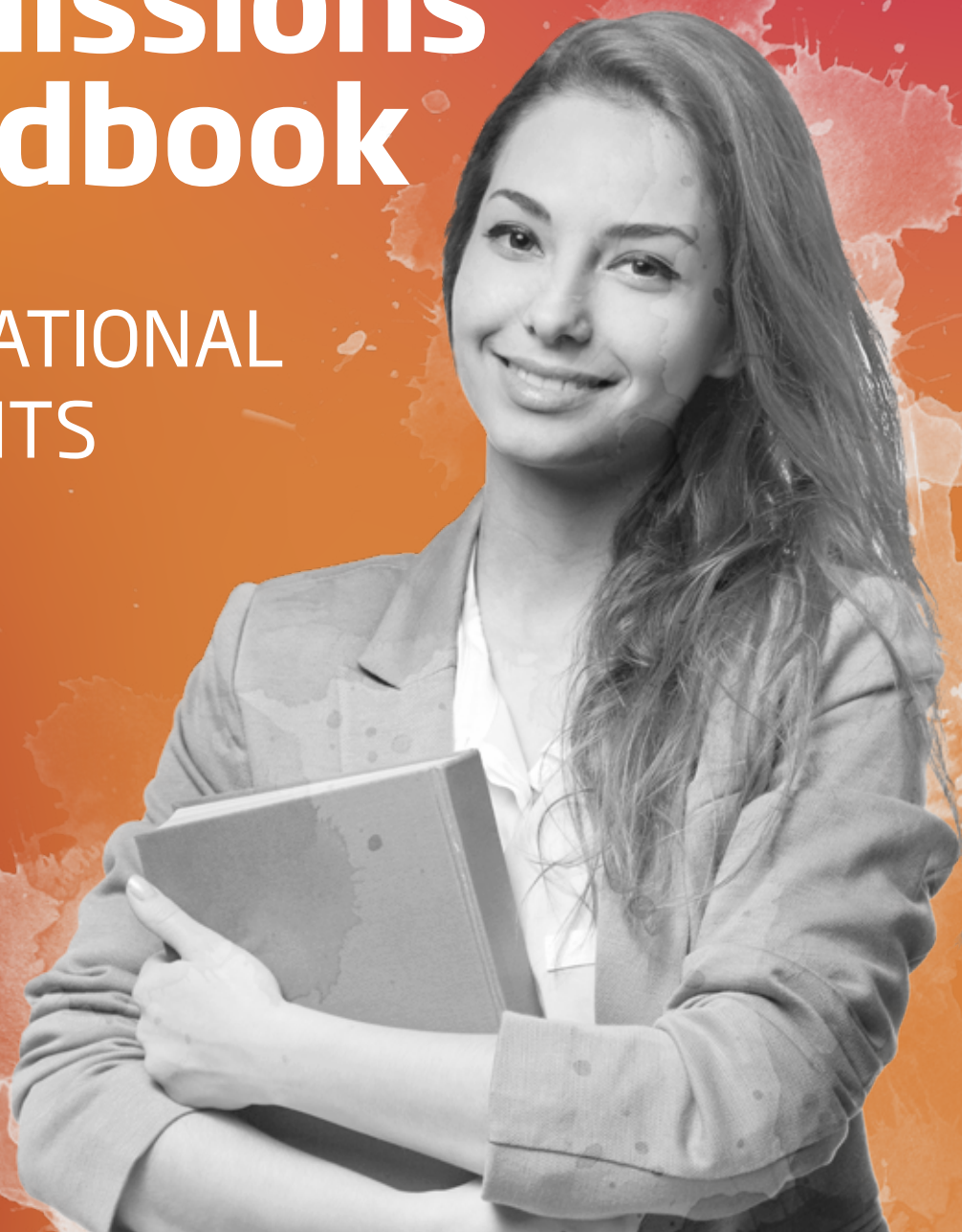


INSTITUTO SUPERIOR  
ADVENTISTA DEL PLATA

ENE2020

# Admissions Handbook

## INTERNATIONAL STUDENTS



**Dirección de Admisión**

25 de mayo 99, 3103

Libertador San Martín, Entre Ríos, Argentina

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# Introduction

Asociación Colegio Adventista del Plata (ACAP) offers higher education programs through **Instituto Superior Adventista del Plata D-222** and **Universidad Adventista del Plata**, from now on, the university.

Welcome!

We are very pleased that you have finished the admission process and are now preparing to start your higher education studies at the university.

In this Admissions Handbook you will find information that you need to know before coming. You will also see a list of documents and forms that you must bring completed and signed

**See you at UAP.**

God bless you!



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# Registrar's Office

## Submit:

**1.** Passport or Identity Card from your country of origin: original and photocopy.

**2.** Original High School Diploma or School Certificate, legalized at the country of Origin by the Ministry of Education, Foreign Affairs / Apostille Convention or, alternatively, by the Argentinian Consulate. The Ministry of Education, or its equivalent at the country of origin, will inform you regarding this. Every original document issued in a language different from Spanish, except those from Brazil, must be translated by a certified public translator and legalized before the respective Association of Sworn Translators, in Argentina. (Law N° 20.305, art. 6).

Additionally, students of **Medicina, Licenciatura en Enfermería, Licenciatura en Kinesiología y Fisiatría, Licenciatura en Nutrición y Odontología** must submit a Hepatitis B vaccine certificate with the date of vaccination.

**Students of Profesorado de Educación Física must submit:**

- Lumbo-sacral spine x-ray, postern-anterior and lateral.
- Cardiac stress test.

**Validation of high school degree. To be able to pursue university studies you must validate your high school degree. When you arrive at the university, the Registrar's Office will inform you regarding it.**

**3.** One passport-size photo.

**4.** Medical certificate: all students must present a medical certificate (also known as physically capable certificate) in which it is stated that they are able to pursue a higher education course. This certificate must be issued by a registered physician with official letterhead (personal letterhead o medical facility letterhead).

## **Student of Instituto Adventista del Plata D-222 - Profesorado de Educación Primaria, Profesorado de Educación Inicial y Profesorado de Música.**

First-year students must attend the mandatory Introductory course during three weeks in March. At the end of the course, they have to take a diagnostic exam of the general topics related to their field of studies, as follows:

**Profesorado de Música:** Educación rítmica, Educación melódica y Teoría musical.

**Profesorado de Educación Primaria e Inicial:** Literatura, Matemáticas, Ciencias Naturales y Ciencias Sociales.

## **Postgraduate studies and University Teaching Degree**

Besides the requirements on points 1, 2, 3 and 4: Original Diploma and Academic Transcript of University degree, legalized at the country of origin by the Ministry of Education, Foreign Affairs / Apostille Convention. The Ministry of Education, or its equivalent at the country of origin, will inform you regarding this. Every original document issued in a language different from Spanish, except those from Brazil, must be translated by a certified public translator and legalized before the respective Association of Sworn Translators, in Argentina. (Law N° 20.305, art. 6).

**Convalidation and revalidation of degrees:** those who study a graduate degree in Argentina and want to work in Argentina, must convalidate their high school degrees and revalidate the undergraduate degree.



# Student Finances

## Useful information

### • SYSTEM FOR FEES COLLECTION

For the educational services that the student receives, they will pay:

- Registration fee (single annual payment)
- International Students Fee
- Monthly academic fee

Dorm students will pay:

- Monthly fee for the residency services (cafeteria, housing, laundry room, etc.).

### • FINANCIAL RESPONSIBLE

The student's finances with the University will be in charge of a financial responsible, who pays the fees and is responsible for the student's incurred expenses.

### • FINANCING

UAP offers financing plans for the payment of academic and residences fees. The financial responsible can opt for a 10 installments plan (from March to December) or a 12 installments plan (from March to February of the following year).

### • ACCOUNT STATEMENT AND RECEIPTS

It's available at the student's web portal and the Financial responsible web portal. The credentials to access said portals, with the corresponding explanations, were sent together upon the student's admission.

### • MONEY TRANSFER

All the money transferred to the university's accounts will be exclusively for the payment of installments and other studies-related expenses the student. Withdrawing money from the account or transferring money to another student is not allowed. Credit balances will be used towards future payments.

### • PAYMENT OPTIONS

<http://uap.edu.ar/informacion-financiera>

### • DISCOUNTS

UAP offers discounts and subsidies for siblings who have the same financial responsible in their admission form. You can obtain more information in the Department of Finance at [finanzas@uap.edu.ar](mailto:finanzas@uap.edu.ar)



# International students' secretary

The **Argentinian Immigration Law number 24,871 on section II: On the admission on foreigners into the Republic of Argentina and its exceptions**, states that *foreign citizens who want to study in the Republic of Argentina must request residency, they cannot study being a tourist. With the residency, an Argentinian identity card for foreigners is issued. Without this identification card, the students will not be able obtain his/her diploma.* **The fulfillment of this requirement is your responsibility: the university will advise you on these procedures.**

## Prepare the following documents when you arrive at UAP:

- 1. Identity card or Passport:** citizens from Mercosur do not need to request a passport; we recommend that they enter the country with the identity card from their country and do all applications for immigration with this document.
- 2. National criminal record certificate, or its equivalent, with the La Hague Apostille.** This certificate has to be emitted by competent authorities from the countries in which the students resided for more than ONE (1) year, during the last THREE (3) years.
- 3. Entry card or stamp in the passport by migration authority.**

Pay the retributive rate when you travel to Migrations, in Concepción del Uruguay.  
<http://www.migraciones.gov.ar/accesible/indexA.php?tasas>

## Students under 18 years of age

According to the Argentine's Migration law, foreigners under eighteen (18) years of age whose parents do not reside in the territory of Argentina, need an authorization to live in the Republic of Argentina. They also must name a designated tutor who must be a legal resident of the country and must submit a public instrument (Minor's permit) that designates the tutor

Besides documents 1 - 3, they must also submit:

- 4. Original birth** with the La Hague Apostille
- 5. Photocopy of both parents' I.D.**
- 6. Original permit for minors**, with the La Hague Apostille. For legal reasons, parents must designate a tutor in Argentina. The tutor must be of legal age, Argentinian or Argentinian resident. It may be a person of your choosing or you must request that the University provides one

**For more information on how to write the Minor's permit, contact [internacionales@uap.edu.ar](mailto:internacionales@uap.edu.ar)**

## Students with Argentinian parents

The student who has at least **one Argentinian parent** can process his residence by parentage presenting the **original DNI (I.D.) of the Argentinian parent**.

\*If he were younger than 18 years old at the moment of beginning the paperwork, he must also submit 1 through 6.

\*If he were older than 18 years old at the moment of beginning the paperwork, he must also submit 1 through 3.

**LEGALIZATIONS:** every document emitted at a foreign country must have the **La Hague Apostille**.

**TRANSLATIONS:** every original document in a language different from Spanish, except those from Brazil, must be translated by a certified public translator and legalized before the respective Association of Sworn Translators, in Argentina (Law N° 25.305 art. 6). **DO NOT TRANSLATE AT THE COUNTRY OF ORIGIN.**

## IMMIGRATION RETRIBUTION FEE

[https://pagos.dnm.gov.ar/tramite\\_online/templates/tasas.htm](https://pagos.dnm.gov.ar/tramite_online/templates/tasas.htm)

**IMPORTANT: The lack of the required documents will prevent the migratory regularization at the Republic of Argentina.**



# Student affairs administration

## Health Insurance

It is advised that students have healthcare or medical insurance with coverage in the province of Entre Ríos.

## Cafeteria

The university's cafeteria offers three daily ovo-lacto vegetarian meals: breakfast, lunch and dinner. The cafeteria is a buffet, so students can eat all they want as it is included in their monthly fee.

## For Dorm Students - Residence Halls

### Availability

Students will be allowed into the residence halls from the Thursday right before the beginning of classes.

### Rooms

The rooms are shared between three or four students and include a bed, a mattress, desks, chairs and wardrobes. The residence halls have shared bathrooms.

Students must bring:

- Pillows, bedding, towels and warm clothing.
- Optional: iron and hairdryer.

### Other

Students will also have access to washing and drying machines.



# FORMS



# F1 Form

## ETHICAL COMMITMENT

**I.** The university is an institution sustained by the principles of Christian living, which purpose is to prepare leaders known for their ideals of service to God and their fellows. To achieve this goal, the Adventist educational system seeks the holistic formation of the learners, looking after the harmonious development of their physical, mental, social and spiritual faculties.

**II.** The university opens its doors to all students without distinction of nationality, race, faith or socio-economic status, whose aspirations and interests are in harmony with those of the institution. For those who accept, value, and like this educational system, the activities related to sociability, religion, body care and health become as important as the ones related to the classroom.

**III.** The Student's Manual contains guidelines and rules based on the principles of Christian living that regulate the co-habitation of the students in the institution.

I declare I read it (<http://www.uap.edu.ar/informes/admision/>), and by means of my signature I pledge to respect these rules as long as I am a student of this institution. By signing this commitment I am cooperating in upholding the principles that will contribute to a Christian, healthy and different atmosphere.

Student's signature: \_\_\_\_\_

Student's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the student is a minor (under 18 years old):

Father, mother or tutor's signature: \_\_\_\_\_

Father, mother or tutor's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# F2 Form

## SWORN STATEMENT FOR FIRST-YEAR STUDENTS

### I. INFORMATION RELATED TO UAP / INSTITUTO SUPERIOR ADVENTISTA DEL PLATA

Course to be started: \_\_\_\_\_

Academic department that course belongs to: \_\_\_\_\_

### II. PERSONAL INFORMATION

Last name and name (just like in the I.D. or passport): \_\_\_\_\_

Gender: M ☐ F ☐

Identity Document (Type and N°): \_\_\_\_\_

Dorm student ☐ Day student ☐

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Marital status: Single ☐ Married ☐ Divorced ☐ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Religion: \_\_\_\_\_

### III. ADDRESS OF ORIGIN (FIXED ADDRESS FOR THE HOUSEHOLD)

Street: \_\_\_\_\_

N°: \_\_\_\_\_ Department: \_\_\_\_\_ Floor: \_\_\_\_\_ Zip code: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Phone number: \_\_\_\_\_

### IV. HIGH SCHOOL WHERE YOU GRADUATED

Name of the institution: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_

Year of graduation: \_\_\_\_\_ Degree obtained: \_\_\_\_\_



## F2 Form (Cont.)

### V. PARENTS' INFORMATION:

#### Father:

Last name and name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_

Education: Elementary ☐ Secondary ☐ College ☐ University ☐

#### Mother:

Last name and name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_

Education: Elementary ☐ Secondary ☐ College ☐ University ☐

Amendments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's signature: \_\_\_\_\_

Student's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the student is a minor (under 18 years old):

Father, mother or tutor's signature: \_\_\_\_\_

Father, mother or tutor's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# F3 Form

## STUDENT CONSENT - PERSONAL INFORMATION

(fill-in according to age)

### 18 YEARS OLD OR OLDER:

I, (indicate student's last name and name) \_\_\_\_\_

Passport \_\_\_\_\_ ; student of Universidad Adventista del Plata or Instituto Superior Adventista del Plata D-222 (from now on UAP, owned by ACAP)

### YOUNGER THAN 18 YEARS OLD:

I, (indicate father/mother/tutor's last name and name) \_\_\_\_\_

Passport \_\_\_\_\_ ; mother/father or tutor of the student (indicate student's last name and name) \_\_\_\_\_

Passport \_\_\_\_\_ ; from Universidad Adventista del Plata or Instituto Superior Adventista del Plata D-222 (from now on UAP, owned by ACAP)

*Declare under oath that the consigned information in the following documents:*

**ADMISSION FORM, SWORN STATEMENT FOR FIRST-YEAR STUDENT, MEDICAL CERTIFICATE (F3) AND FINANCIAL COMMITMENT** is true. I consent expressly to have it included in the academic database that the university has, under the responsibility of the Admission Management, Student Life Secretary, Student Finances, Registrar's Office and Instituto Superior Adventista del Plata D-222 (25 de mayo 99, Libertador San Martín, E.R.), for the purpose of a better development of the relation that binds me to it. Furthermore, I consent that said information be object of processing, such as conservation, ordering, storage, dissociation or suppression, exclusively at the university's internal level and in relation to the means they are asked for. I reserve the right to request/authorize the posterior national or international cession of this information; notwithstanding, I hereby authorize that the information related to my academic performance, or other information that becomes relevant, be provided to my financial responsible when he so requests it, or to the contributors for scholarship funds and student loans in case I am a beneficiary, if they so request it. I declare I know, unless the opposite is indicated, the answers given have an optional basis, having been given freely and voluntarily, as the right to access at any time the registry where my information is recorded and, when applicable, request its modification or suppression according to the terms of the articles 14 to 16 of the Ley de Protección de Datos.

Student's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the student is a minor (under 18 years old):

Father, mother or tutor's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# F4 Form

## STUDENT CONSENT - PERSONAL PHOTOGRAPH

(fill-in according to age)

### 18 YEARS OLD OR OLDER:

I, (indicate student's last name and name) \_\_\_\_\_

Passport \_\_\_\_\_ ; student of Universidad Adventista del Plata or Instituto Superior Adventista del Plata D-222 (from now on UAP, owned by ACAP)

### YOUNGER THAN 18 YEARS OLD:

I, (indicate father/mother/tutor's last name and name) \_\_\_\_\_

Passport \_\_\_\_\_ ; mother/father or tutor of the student (indicate student's last name and name) \_\_\_\_\_

Passport \_\_\_\_\_ ; from Universidad Adventista del Plata or Instituto Superior Adventista del Plata D-222 (from now on UAP, owned by ACAP)

*I hereby authorize the university, according to the terms of the article 31 of Law 11.723 of intellectual property, to make use of the images and videos of myself taken by the Communication Management and their dependent departments, and I consent they are used in graphic institutional or promotional material for the university or its owner. I extend this authorization expressly, freely and voluntarily, renouncing any asset claim derived from the commercial or non-commercial use of the imagen, without prejudice to the due protection of the personal rights que may correspond to me.*

Student's signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the student is a minor (under 18 years old):

Father, mother or tutor's signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## F5 Form

### FINANCIAL RESPONSIBLE CONSENT

**Complete if the student is not the financial responsible.**

I, (indicate last name and name) \_\_\_\_\_ financial responsible of the student (indicate last name and name) \_\_\_\_\_, declare under oath that the information consigned in the financial commitment is true; I expressly consent to have it included in the academic database and the financial database that the university has, under the responsibility of the Student Life Secretary, Student Finances and Instituto Superior Adventista del Plata D-222 (25 de mayo 99, Libertador San Martín, E.R.), for the purpose of a better development of the relation that binds me to it. Furthermore, I consent that said information be object of processing, such as conservation, ordering, storage, dissociation or suppression, exclusively at the university's internal level and in relation to the means they are asked for. I reserve the right to request/authorize the posterior national or international cession of this information. I declare I know, unless the opposite is indicated, the answers given have an optional basis, having been given freely and voluntarily, as the right to access at any time the registry where my information is recorded and, when applicable, request its modification or suppression according to the terms of the articles 14 to 16 of the Ley de Protección de Datos [Law for the protection of data].

The DIRECCIÓN NACIONAL DE PROTECCIÓN DE DATOS PERSONALES, monitoring body of Law N° 25.236, has the attribution of handling the reports and claims that be filed in relation to the non-compliance of norms regarding the protection of personal information.

*Financial responsible's signature:* \_\_\_\_\_

*Financial responsible's last name and name:* \_\_\_\_\_

*Date:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# F6 Form

## FINANCIAL COMMITMENT

Student's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- I.** To take the responsibility to pay in due time and manner the tuition for the corresponding concepts (education, residency and additional) and the financing plans over the outstanding balance, according to the schedule established by the institution, by means of the payment methods established by the university.
- II.** To accept that the installments must be paid within the first deadline (which will be the 10th day of each month or the following business day) or the second deadline (which will run until the last day of the month). Those who pay the tuition during the period of the second deadline will pay a differentiated fee. Lack of paying the tuition after the second deadline (that is, the last day of the month) will generate the application of interests for late payment.
- III.** To accept that, in the event of non-compliance of this signed commitment, the student could be suspended from the attendance of courses, unauthorized to take final exams, thesis defense, to take part in graduation ceremonies and any other agreed services. The present enunciation is not restrictive to these.
- IV.** To accept that, in the event of delay of payment, the university is entitled to apply a monthly financial surcharge over the unpaid balance, without prior notification.
- V.** To accept that it is my exclusive responsibility to inform the concerned area about any changes that affect the financial situation (such as change of address, scholarships, discounts, modifications of the academic load, change of financial responsible or any other situation), releasing the university of any responsibility in case of omission.
- VI.** To accept that the university reserves the right to modify in the future, without notification, the cost of the tuition (academic, residency), because of variations on the current legislation that impact directly the cost of the services provided, or of extraordinary variations in the economic situation of the country.
- VII.** To accept that the present commitment will be extended until the complete cancellation of the acquired obligations.
- VIII.** To assume the commitment of Reading the Regulation of tariffs.
- IX.** To accept that the information consigned on this document has the value of a sworn statement, declaring that they are exact and true, being governed by the terms on Art. 10 inc. S of the "Normas de Ética y Disciplina Universitaria" [Rules of ethics and university discipline] (2006 revision).



## F6 Form (Cont.)

### FINANCIAL RESPONSIBLE INFORMATION

Last name and name: \_\_\_\_\_

Passport: \_\_\_\_\_ Other: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date and place of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Read address: \_\_\_\_\_ Street: \_\_\_\_\_

Nº: \_\_\_\_\_ Floor: \_\_\_\_\_ Department.: \_\_\_\_\_ Zip code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Marital status: \_\_\_\_\_ If married, name and last name of spouse: \_\_\_\_\_

Religion: \_\_\_\_\_ Member of the church: \_\_\_\_\_

Profession: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Activity and place of work: \_\_\_\_\_

Legal address: \_\_\_\_\_

Street: \_\_\_\_\_ Nº: \_\_\_\_\_ Floor: \_\_\_\_\_

Department: \_\_\_\_\_ Zip code: \_\_\_\_\_ City: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Discounts and reductions The signatory constitutes himself joint and several guarantor and primary payor for the obligations acquired by the applicant student, for studies or any other obligation related to the university, committing to, upon any non-compliance of the student, respond for him, renouncing to the benefits of excussion, distribution or previous interpellation to the primary debtor, sufficing only a due notification of the debt on the part of the University.

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: \_\_\_\_\_



# F7 Form

## (OPTIONAL) - APPLICATION FORM TO JOIN THE DIRECT PAYMENT SERVICE

I. I hereby authorize Asociación Colegio Adventista del Plata (CUIT N° 30-52937147-7) to debit from my bank account that appears in this form, the amount according to the selected option below:

**a) PAYMENT OPTION** (choose only one option)

- ☐ Total account balance (includes all the items listed in the account statement of the student, such as tuition fees plus all the additional expenses of the student).
- ☐ Fixed amount: write the amount: \$ \_\_\_\_\_

**b) INFORMATION OF THE ACCOUNT HOLDER**

Last name and name: \_\_\_\_\_

National Identification Number: \_\_\_\_\_

CUIT/CUIL number: \_\_\_\_\_

**c) INFORMATION OF THE BANK ACCOUNT**

CBU number: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Type of account (checking account or savings account): \_\_\_\_\_

Account number: \_\_\_\_\_

Customer code: \_\_\_\_\_

**d) INFORMATION OF THE STUDENT** (if you are the financial responsible for more than one student, complete the information for each student):

Student's last name and name: \_\_\_\_\_

Student's last name and name: \_\_\_\_\_

Student's last name and name: \_\_\_\_\_

II. I hereby authorize with my signature to use the service of Direct Payment of the National System of Payments regulated by the Central Bank of Argentina in its communications A2559, A2622 and A2623 from the aforementioned account.

Financial responsible's signature: \_\_\_\_\_

Financial responsible's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## F8 Form

## (OPTIONAL) - APPLICATION FORM FOR AUTOMATIC DEBIT PAYMENTS WITH CREDIT CARD

I hereby authorize Asociación Colegio Adventista del Plata (CUIT N° 30-52937147-7) to debit from my credit/debit card that appears in this form, the amount according to the selected option below:

**a) PAYMENT OPTION** (choose only one option)

- ☐ Total account balance (includes all the items listed in the account statement of the student, such as tuition fees plus all the additional expenses of the student).
- ☐ Fixed amount: write amount: \$ \_\_\_\_\_

**INFORMATION OF THE CREDIT CARD HOLDER** (as it appears on the card)

Name and last name: \_\_\_\_\_

Card number:

☐

Expiration date:

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

**b) INFORMATION OF THE STUDENT** (if you are the financial responsible for more than one student, complete the information for each student):

Student's last name and name: \_\_\_\_\_

Student's last name and name: \_\_\_\_\_

Student's last name and name: \_\_\_\_\_

Financial responsible's signature: \_\_\_\_\_

Financial responsible's last name and name: \_\_\_\_\_

National Identity Number: \_\_\_\_\_

Date:     /     /

## F9 Form

### POLICIES AND COMMITMENT IN THE USE OF COMPUTING RESOURCES

The university provides students with a **Microsoft Office 365** account with which they have a set of tools available throughout their career for their academic development. It is the student's responsibility to use them properly. These tools can be used online, with the possibility of downloading and installing them on their devices. Access is provided through the **office.uap.edu.ar** portal, using the institutional credentials.

Likewise, the university provides the student a personal access account to the services specified hereafter. These institutional credentials (user and password for the personal account) are for private use and are non-transferable.

**I. E-MAIL.** It is one of the official means of communication between the university and the students. It's intended for academic uses and its use is strictly personal. It must not be used to distribute unwanted information as SPAM. Bear in mind that all sent e-mails are responsibility of the holder, and disciplinary measures and sanctions can be given if applicable. It is expressly forbidden to transmit or consume information that infringes upon the rights of others, morality and good customs, the rules of the institution and the legislation of each country information passes through.

**II. COMPUTER LAB.** The use of the equipment is under the responsibility of the account's holder, who will have to respect the norms of the sector. Disciplinary measures and sanctions can be given upon the misuse of the equipment.

**III. WIFI.** The university provides all students the possibility to access the wireless network service for Internet access for free. Its use is limited to the acceptance of the published policies of use.

**IV. SELF-MANAGEMENT SYSTEMS.** the university provides all students a series of online services to make inquiries or procedures. As with all other services, the access is with the institutional credentials. Through these services the student can fill re-entry applications, see academic records, personal information and financial status. The student only can make subsequent enrollments, register for final exams, make searches in the library's catalog and reserve materials, among other things. Each online procedure is subject to its own conditions, duly informed, as well as accepted consent by the student during its use. In the cases the student does not fulfill the conditions and requirements necessary for each procedure in due time and manner, the institution reserves the right to annul or modify them as it considers necessary. The quality and availability of these services depends to a large extent on the individual responsibility of users. The university disclaims all responsibility regarding the integrity, use and content of data and information hosted or generated by the student.

The university reserves the right to modify the conditions here established as it considers it necessary. Furthermore, it can suspend the service, completely or partially, when it may be necessary, due to administrative reasons, equipment maintenance or events of force majeure. The access to the free computing services the university provides its students is conditioned to the acceptance and compliance to the user policies detailed at: [www.uap.edu.ar/dite](http://www.uap.edu.ar/dite).

In witness whereof, this commitment is signed in acceptance of the aforementioned and the policies and conditions of use of the university's computing resources.

Student's signature: \_\_\_\_\_

Student's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the student is a minor (under 18 years old):

Father, mother or tutor's signature: \_\_\_\_\_

Father, mother or tutor's last name and name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# F10 Form

## LEAVE PERMIT - DORM STUDENTS

This form must be **complete by the parents or tutors of dorm students under 18 years old.**

### I. REGULAR LEAVES - PROCEDURE

The dorm student has two weekends per month available for regular leaves. To request the leave, the parents or tutors must send a signed authorization 24 hours prior the leave and specify: **name, address, date and phone number of the residence the student will visit.** These authorizations will be considered valid until the student turns 18 years old. To reverse any of the previous points, the responsible must send a signed note to **bienestarestudiantil@uap.edu.ar**

**Note: During the Spiritual Emphasis Weeks (two weekends per semester) no leaves will be authorized. These dates will be published in the Academic Calendar that will be provided in March, at the enrollment.**

### II. INSTITUTIONAL LEAVES - AUTHORIZATIONS

**a. Missionary leaves:** I authorize my son/daughter to make trips to participate in Community service activities. \_\_\_\_\_

YES NO

**b. Camps:** I authorize my son/daughter to participate in camps and educational outings. \_\_\_\_\_

YES NO

**c. Musical and artistic ensemble trips:** I authorize my son/daughter to be part of a choir, instrumental or artistic ensemble, and to participate in their organized trips. \_\_\_\_\_

YES NO

These authorizations will be considered valid until the student turns 18 years old. To reverse any of the previous points, the responsible must sent a signed note.

Student's last name and name: \_\_\_\_\_

Father, mother or tutor's last name and name: \_\_\_\_\_

Father, mother or tutor's signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Checklist

**Have you prepared the documents? Are all the forms completed and signed? Here is the most important thing to remember before travelling:**

**Don't forget to bring**

- High school diploma or certificate of studies, legalized and apostilled.
- Passport or I.D.
- One passport picture with a white background.
- Medical certificate.
- Criminal record certificate or its national equivalent, legalized and apostilled.
- Entry card or stamp in passport by migratory authorities.

The student who has not turn 18 years old at the moment of beginning the paperwork at Migrations must also bring:

- Original birth certificate, legalized and apostilled.
- Photocopy of both parents' I.D., legalized and apostilled.
- Permit for minor, apostilled.
- If one of the parents is Argentinian you have to bring his/her original DNI (more information in F9 Form).

**Don't forget to bring the following forms, completed and signed:**

- F1** Ethical commitment.
- F2** Sworn Statement for first-year students
- F3** Student's Consent - Personal Information.
- F4** Student's Consent - Personal Photograph.
- F5** Financial Responsible's Consent.
- F6** Financial Commitment.
- F7** Application Form to join the Direct Payment Service (Optional)
- F8** Application Form for Automatic Debit Payments with Credit Card (Optional)
- F9** Policies and Commitment in the Use of Computing Resources.
- F10** Leave Permit

## POSTGRADUATE STUDENTS

Besides all the documents previously requested, you must bring your original university degree diploma and transcript, legalized.

