(Passport photo)

 

**REGISTRATION FORM. Year 2015**

|  |  |
| --- | --- |
|  Sede: | **SANTANDER** |

#### IMPORTANTE: INDIQUE EN LAS CASILLAS SOMBREADAS EL CÓDIGO QUE CORRESPONDA SEGÚN LA CLASIFICACIÓN QUE FIGURA AL DORSO EN “NORMAS PARA CUMPLIMENTAR ESTE IMPRESO”

|  |  |  |
| --- | --- | --- |
| COURSE CODE: general) | COURSE TITLE:  | DATES: |
| **6** | **2** | **M** | **7** | **Space Debris Removal and Asteroid Deflection** | **6-10 July 2015** |

#### **PERSONAL DATA**

|  |  |
| --- | --- |
| SURNAME(S): | NAME: |
|  |  |
| DNI: | If the applicant is not Spanish national, please indicate NIE or Passport number | SEX: |
|  |  |  |  |  |  |  |  |  | NIE: |  |  |  |  |  |  |  |  |  | Passport |  | □ MALE □ FEMALE |
| NATIONALITY: | PLACE OF BIRTH:  | DATE OF BIRTH: |
| □ SPANISH □ FOREIGN: Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_ |

#### **PLACE OF RESIDENCE (FOR NOTIFICATIONS)**

|  |  |  |
| --- | --- | --- |
| ADDRESS: (Avenue, street or square, number, floor, door number) |  PHONE: |  |
|  |  FAX: |  |
|  |  e-mail: |  |
| POSTAL CODE: | TOWN: | PROVINCE: (Only Spanish directions) | COUNTRY: |
|  |  |  |  |

**B) ACADEMIC DATA**

|  |  |
| --- | --- |
| **(1)** | **university/higher studies** |
|  |  |  |  |  |  |  |  |  |
| **● studies**  |
| □ undergraduate degree□ master degree□ Ph.D. student□ Ph.D. | Study Subject: |
| University: | **(3)** |  |  |  |  |  |
|  |  |  |  |  |
|  |
|  |  |

**D) TYPE OF REGISTRATION AND ATTACHED DOCUMENTATION**

|  |  |
| --- | --- |
|  **TUITION FEES**□ tHE PARTICIPANT will pay the course tuition fee (130 euro) to the mendendez pelayo university□ tHE PARTICIPANT will pay acommodation expenses to the mendendez pelayo university if he/she chooses to stay in the university student houses   | **ATTACHED DOCUMENTATION:*** Passport
* Passport photo
 |

**E) OTHER. Accommodation**: If you wish to book your stay in one of the residences arranged by UIMP, choose one of the following options:

**1.** **Palacio de la Magdalena**: □ Twin room *(to be shared with another student)*

**2.** **Colegios Mayor Canalejas** □ Twin room □ Single room

 **\_\_\_\_\_**

|  |  |
| --- | --- |
| (Fecha de registro en la Secretaría de Alumnos) | (Student’s signature) |

**protección de datos personales:**

A los efectos previstos en la Ley Orgánica 15/1999, de 13 de diciembre, de Protección de Datos de Carácter Personal, se informa de que los datos solicitados en este impreso son necesarios para la tramitación de la solicitud y podrán ser objeto de tratamiento automatizado. La responsabilidad del fichero automatizado corresponde a la Secretaría de Estudiantes de la Universidad Internacional Menéndez Pelayo. La dirección donde el interesado podrá ejercer los derechos de acceso, rectificación, y cancelación es: Secretaría de Estudiantes, Universidad Internacional Menéndez Pelayo, C/ Isaac Peral, 23. (28040 – Madrid),