



University of Santo Tomas
OFFICE OF INTERNATIONAL RELATIONS AND PROGRAMS

Student Exchange Program
Application Form for Inbound Program

I. PERSONAL INFORMATION

FAMILY NAME	Kim	GENDER	Male		
GIVEN NAME	Nam Joon	NATIONALITY	South Korea		
MIDDLE NAME		BIRTHDATE	11/23/1997	AGE	20
PASSPORT NO.	23kj4hkjh	VALIDITY DATE	2030-11-23	DATE OF ISSUANCE	2015-11-23
MAILING ADDRESS	hk1jmjhkhkhkhkh				

EMAIL ADDRESS	rm@gmail.com				
TELEPHONE NUMBER	+63 2-406-1611		MOBILE NUMBER	+63 974-887-6512	
PERSON TO CONTACT	kjljkjljkjljkjl			RELATIONSHIP	lkjlkj
ADDRESS	jlkjlkjlkjlkjlk				
EMAIL ADDRESS	asd@gmail.com			PHONE NUMBER	+63 974-887-6512

II. EDUCATIONAL BACKGROUND

HOME UNIVERSITY	Niigata University				
UNIVERSITY ADDRESS	213lkjlkjlkjhjhghg				
NAME OF OFFICER TO CONTACT	lkjlkjlkjlk			DESIGNATION	lkjlkj
EMAIL ADDRESS OF OFFICER	asd@gmail.com			TELEPHONE NUMBER	+63 974-887-6512
CURRENT PROGRAM OF STUDY	IICS		SPECIALIZATION	BS.IT	
YEAR LEVEL	4	RECEIPT OF SCHOLARSHIP/LOANS?			

III. PROPOSED FIELD OF STUDY

PROPOSED PROGRAM	BS. IT				
COURSES TO BE TAKEN AT UST	1. IT 205				
	2. ICS 115				
	3.				
	4.				
	5.				
INTENDED SEMESTER TO STUDY	2nd Semester		RESEARCH TOPIC		
REASON FOR STUDYING IN HOST UNIVERSITY	lkjlkj		DISCIPLINARY ACTION AND STATUS	kjljkjljk	

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