



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	Female		
GIVEN NAME	ji soo	NATIONALITY	South Korea		
MIDDLE NAME		BIRTHDATE	01/03/1995	AGE	23
PASSPORT NO.	dsaf54d56f46as5d4fg6	VALIDITY DATE	2030-11-23	DATE OF ISSUANCE	2014-11-23
MAILING ADDRESS	1130-C Don Quijote St. Sampaloc Manila				

EMAIL ADDRESS	jisoo@gmail.com				
TELEPHONE NUMBER	+63 2-406-1611		MOBILE NUMBER	+63 974-887-6512	
PERSON TO CONTACT	jlkjlkjlljk			RELATIONSHIP	lkjlkj
ADDRESS	lkjlkjlkj				
EMAIL ADDRESS	a@gmail.com			PHONE NUMBER	+63 974-887-6512

II. EDUCATIONAL BACKGROUND

HOME UNIVERSITY	Australian Catholic University				
UNIVERSITY ADDRESS	11jgfmjk jdjskksjheuihfuhue uialksjidew kldkfjei pack				
NAME OF OFFICER TO CONTACT	hgnsfonobi			DESIGNATION	asd
EMAIL ADDRESS OF OFFICER	a@gmail.com			TELEPHONE NUMBER	+63 974-887-6512
CURRENT PROGRAM OF STUDY	BS. IT		SPECIALIZATION	BS.IT	
YEAR LEVEL	4	RECEIPT OF SCHOLARSHIP/LOANS?	No		

III. PROPOSED FIELD OF STUDY

PROPOSED PROGRAM	Information Technology				
COURSES TO BE TAKEN AT UST	1. CS 123				
	2. IT 205				
	3. IS 205				
	4. math103				
	5. IT 204				
INTENDED SEMESTER TO STUDY	2nd Semester		RESEARCH TOPIC	kjgdfkgkh	
REASON FOR STUDYING IN HOST UNIVERSITY	uguygbfwse		DISCIPLINARY ACTION AND STATUS	gijghsdgfhg	

IV. ENGLISH PROFICIENCY (For non-native speakers of English)

a.) Have you completed a TOEFL/IELTS test or equivalent in the last twelve months?

No

b.) Do you intend to take a TOEFL/IELTS test or equivalent in the immediate future?

No

c.) In the absence of TOEFL test or equivalent, English proficiency must be assessed by an English teacher in Home University:

	POOR	FAIR	GOOD	EXCELLENT
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of your English teacher in Home University _____ Date _____

Date _____

V. MEDICAL INFORMATION

DO YOU SMOKE?	No	DO YOU HAVE ANY PHYSICAL DISABILITIES/PERSONAL PROBLEMS?	brain
DO YOU HAVE ANY SERIOUS ILLNESS, CONDITIONS, OR ALLERGIES?		being stupid	

VI. ACCOMMODATION INFORMATION

DO YOU NEED ACCOMMODATION DURING THE PROGRAM? (SUBJECT TO AVAILABILITY)	Yes
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VII. STUDENT'S SIGNATURE

I hereby apply for admission to study at University of Santo Tomas. I confirm that the information provided above is correct to the best of my knowledge.

Signature _____ Date _____

Date _____

VIII. HOME INSTITUTION APPROVAL

I certify that the above student has been approved for participation in the exchange program for the coming 2nd Semester.

Signature of Exchange Coordinator/International Relations Officer _____ Date _____

Date _____

IX. EXPECTATIONS FROM THE PROGRAM

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