



University of Santo Tomas
OFFICE OF INTERNATIONAL RELATIONS AND PROGRAMS

Student Exchange Program
Application Form for Inbound Program

I. PERSONAL INFORMATION

FAMILY NAME	Milabo	GENDER	Female		
GIVEN NAME	Aimee Maricris	NATIONALITY	French		
MIDDLE NAME	Avendano	BIRTHDATE	11/23/1997	AGE	20
PASSPORT NO.	12j3hkj	VALIDITY DATE	2030-11-11	DATE OF ISSUANCE	2015-03-23
MAILING ADDRESS	370 L. Gonzales st., Mandaluyong City 1550				

EMAIL ADDRESS	aims@gmail.com				
TELEPHONE NUMBER	+63 2-424-535	MOBILE NUMBER	+63 905-321-2946		
PERSON TO CONTACT	Alpha Atilano	RELATIONSHIP	Mother		
ADDRESS	370 L. Gonzales st., Mandaluyong City				
EMAIL ADDRESS	alphajeana@gmail.com	PHONE NUMBER	+63 905-321-2946		

II. EDUCATIONAL BACKGROUND

HOME UNIVERSITY	Sejong University				
UNIVERSITY ADDRESS	df21ghjghjgh				
NAME OF OFFICER TO CONTACT	lkjlkj	DESIGNATION	lkjlkj		
EMAIL ADDRESS OF OFFICER	alphajeana@gmail.com	TELEPHONE NUMBER	+63 905-321-2946		
CURRENT PROGRAM OF STUDY	IICS	SPECIALIZATION	B.S. Information Technology		
YEAR LEVEL	3	RECEIPT OF SCHOLARSHIP/LOANS?			

III. PROPOSED FIELD OF STUDY

PROPOSED PROGRAM	Information Technology				
COURSES TO BE TAKEN AT UST	1. IT 202				
	2.				
	3.				
	4.				
	5.				
INTENDED SEMESTER TO STUDY	1st Semester	RESEARCH TOPIC			
REASON FOR STUDYING IN HOST UNIVERSITY	sdfsdf	DISCIPLINARY ACTION AND STATUS	dfs		

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

V. MEDICAL INFORMATION

DO YOU SMOKE?	No	DO YOU HAVE ANY PHYSICAL DISABILITIES/PERSONAL PROBLEMS?	kjhkh
DO YOU HAVE ANY SERIOUS ILLNESS, CONDITIONS, OR ALLERGIES?	jhkhk		

VI. AIRPORT PICKUP (Airport pickup service is arranged only for a group consisting at least 10 or more students)

DATE AND TIME OF ARRIVAL		FLIGHT NUMBER		NAIA TERMINAL	
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VII. INSURANCE INFORMATION

INSURANCE COMPANY'S NAME			
POLICY NUMBER		AMOUNT OF COVERAGE IN US DOLLARS	

VIII. ACCOMMODATION INFORMATION

DO YOU NEED ACCOMMODATION DURING THE PROGRAM? (SUBJECT TO AVAILABILITY)	Yes
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IX. 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

X. HOME INSTITUTION APPROVAL

I certify that the above student has been approved for participation in the exchange program for the coming 1st Semester.

Signature of Exchange Coordinator/International Relations Officer

Date

XI. EXPECTATIONS FROM THE PROGRAM

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