

University of Santo Tomas

OFFICE OF INTERNATIONAL RELATIONS AND PROGRAMS

Student Exchange Program Application Form for Inbound Program

I. PERSONA	L INFO	RMAT	ION												
FAMILY NAME		Rapio						GENDER		ı	Male				
GIVEN NAME FIG		Floran	Florante					NATIONALITY Filip		Filipino	pino				
MIDDLE NAME		Santos						BIRTHDATE 10/1			10/10/0997			AGE	1020
PASSPORT N	O. 090	065216	683		VALIDITY DATE 2021-06-20		6-20	DA		DAT	TE OF ISSUANCE 20		2017-0	17-06-20	
PERSON TO CONTAC		8 here	ford stree	et, proje	ect 8, quezon city	•			'						
		•													
EMAIL ADDRE	SS	rapiofl	orante1@	gmail.	com										
TELEPHONE NUMBER		+63 2-995-3855				MOBILE NUMBER			+63 900	-6683	3				
PERSON TO CONTAC		T Je	Jeanina Atilano					RELA		IONS	NSHIP Friendis		sh		
ADDRESS	Sun Re	esidenc	sidences												
EMAIL ADDRE	SS	jeanin	jeanina@yahoo.com						E NUMB	ER	+63 974-887-6512				
II. EDUCATION	ONAL E	BACK	GROUNI	D			·				•				
HOME UNIVERSITY Curtin				University											
UNIVERSITY ADDRESS Basta				sa austrelia city											
NAME OF OFFICER TO CONTACT			Sermyk						DESIGNATION IT Head						
EMAIL ADDRESS OF OFFICER			ĒR	jeanina@yahoo.com					TELEP	+63 974-887-6512					
CURRENT PROGRAM OF			UDY	B.S. Ir	nformation Technology			SPECIALIZATION W			N Web Deve	eveopment			
YEAR LEVEL 4				RECEPIENT OF SCHOLARSHIP/LOAM				NS?	No						
III. PROPOS	ED FIEI	LD OF	STUDY	•											
PROPOSED PROGRAM				ІТ											
				1. IT 202											
				2. IT 291											
COURSES TO BE TAKEN AT UST			3. IT 292												
				4. IT 281											
				5. IT 2	82										
INTENDED SEMESTER TO STUDY				1s	t Semester	RESEA	RCH TOPIC								
REASON FOR STUDYING IN HOST UNIVE				RSITY	Very good		DISCIPLINA	ARY	RY ACTION AND STATUS			Exploration			

IV. ENGLISH P	ROFI	CIENCY (For	non-native speaker	rs of Er	nglish)							
a	.) Hav	e you comple	ted a TOEFL/IELTS	test or	equivalent in	the last twelve m	onths?)				
		Yes	Score	e:	100							
b	.) Do <u>'</u>	you intend to t	ake a TOEFL/IELTS	S test or	equivalent in	n the immediate fo	uture?					
	Yes				2017-06-10 Type:			ta				
	•	ne absence of ne University:	TOEFL test or equiv	/alent, E	English profic	siency must be as	sessec	d by an English	teacher			
					FAIR	GOOD	EXCELLENT					
		Reading	_		_	_		_				
	Writing											
	Speaking											
		Listening										
		Liotorining										
	Si	gnature of you	ır English teacher in	Home l	University			Date				
V. MEDICAL IN	FOR	MATION										
DO YOU SMOKE	DO YOU SMOKE? No DO YOU HAVE ANY PHYSICAL DISABILITIES/PERSONAL PROBLEMS? Baliw sayo											
DO YOU HAVE ANY	/ SERI	OUS ILLNESS, C	ONDITIONS, OR ALLERG	SIES? Se	eriously crazy	for you						
VI. ACCOMMO	DATI	ON INFORMA	TION	•								
DO YOU NEED A	CCON	MMODATION D	URING THE PROGRA	M? (SUE	BJECT TO AV	AILABILITY)	Yes					
VII. STUDENT'S	S SIG	NATURE										
I hereby apply for my knowledge.	or adr	mission to stud	dy at University of Sa	anto Tor	mas. I confiri	n that the informa	ation pr	ovided above i	s correct to t	he best of		
	Signature							Date				
VIII. HOME INS	TITU	TION APPRO	VAL									
I certify that the	abov	e student has	been approved for p	articipa	tion in the ex	change program	for the	coming 1st Se	mester.			
Sig	natur	e of Exchange	e Coordinator/Interna	icer		Date						
IX. EXPECTATI	IONS	FROM THE F	PROGRAM									
I expect to learn												