



APPLICATION FORM FOR INBOUND STUDENTS

I. PERSONAL INFORMATION

FAMILY NAME	Washington				
GIVEN NAME	George				
MIDDLE NAME					
GENDER	Male	NATIONALITY	American		
BIRTHDATE	01/01/1990	AGE	28		
PASSPORT NO.	123USA1	VALIDITY DATE	2020-06-29	DATE OF ISSUANCE	2015-06-30
MAILING ADDRESS	1600 Pennsylvania Ave NW, Washington, DC 20500, USA				

EMAIL ADDRESS	washington@email.com		
TELEPHONE NUMBER	+1 2-345-6789	MOBILE NUMBER	+1 999-345-6789

II. EDUCATIONAL BACKGROUND

HOME UNIVERSITY	York College, City University of New York		
DEGREE PROGRAM	B.S. Psychology	MAJOR	Behavioral Science
YEAR LEVEL	4		

III. PROPOSED FIELD OF STUDY

PROPOSED PROGRAM	B.S. Psychology
COURSES TO BE TAKEN AT UST	1. PSY 111
	2. PSY 112
	3. PSY 113
	4. PSY 114
	5. PSY 115



University of Santo Tomas

(Founded in 1611, Manila, Philippines)

Office of International Relations and Programs

Student Exchange through Scholarship



UMAP
University Mobility in Asia and the Pacific

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IV. ENGLISH PROFICIENCY: (FOR NON-NATIVE SPEAKER OF ENGLISH)

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

Yes Score: 120

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. 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

VI. 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

VII. EXPECTATIONS FROM THE PROGRAM

I expect to learn from the experience.