



APPLICATION FORM FOR INBOUND STUDENTS

I. PERSONAL INFORMATION

FAMILY NAME	Kim				
GIVEN NAME	Ji soo				
MIDDLE NAME					
GENDER	Female	NATIONALITY	South Korea		
BIRTHDATE	01/03/1995	AGE	23		
PASSPORT NO.	123asd5	VALIDITY DATE	2030-11-23	DATE OF ISSUANCE	2015-11-23
MAILING ADDRESS	1130-C Don Quijote St. Sampaloc Manila				

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II. EDUCATIONAL BACKGROUND

HOME UNIVERSITY	Australian Catholic University		
DEGREE PROGRAM	BS. IT	MAJOR	BS.IT
YEAR LEVEL	4		

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



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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?

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. 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

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