



University of Santo Tomas
OFFICE OF INTERNATIONAL RELATIONS AND PROGRAMS

**Short Study Abroad
Application Form for Inbound Program**

I. PERSONAL INFORMATION

FAMILY NAME	Kim	GENDER	Female		
GIVEN NAME	Ji soo	NATIONALITY	Japanese		
MIDDLE NAME		BIRTHDATE	01/03/1995	AGE	23
PASSPORT NO.	21KJGYHGmbj	VALIDITY DATE	0000-00-00	DATE OF ISSUANCE	2016-11-05
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	Dave Ortega			RELATIONSHIP	Boyfriend
ADDRESS	1130-C Don Quijote St. Sampaloc Mani				
EMAIL ADDRESS	dave@gmail.com			PHONE NUMBER	+63 974-887-6512

II. EDUCATIONAL BACKGROUND

HOME UNIVERSITY	Seoul National University				
UNIVERSITY ADDRESS	11jgfmjk jdjskksjheuihfuhue uialksjidew kldkfjei pack				
NAME OF OFFICER TO CONTACT	asd			DESIGNATION	asd
EMAIL ADDRESS OF OFFICER	dave@gmail.com			TELEPHONE NUMBER	+63 974-887-6512
CURRENT PROGRAM OF STUDY	Faculty of Canon Law			SPECIALIZATION	BS. Canon Law
YEAR LEVEL	5	RECEIPT OF SCHOLARSHIP/LOANS?	No		

III. PROPOSED FIELD OF STUDY

PROPOSED PROGRAM	College of Architecture				
COURSES TO BE TAKEN AT UST	1. CADD 1				
	2. HOA 3				
	3. AD 1				
	4.				
	5.				
INTENDED SEMESTER TO STUDY	1st Semester		RESEARCH TOPIC		
REASON FOR STUDYING IN HOST UNIVERSITY	To learn		DISCIPLINARY ACTION AND STATUS	Study	

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

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

Yes Score: 110 _____

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?	in english
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

VIII. 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

IX. EXPECTATIONS FROM THE PROGRAM

dxgcagfkl sdmglsemldkv weoleknfsd fsldkjflskdjf
