



# University of Santo Tomas

(Founded in 1611, Manila, Philippines)

Office of International Relations and Programs

Student Exchange through



## APPLICATION FORM FOR INBOUND STUDENTS

### I. PERSONAL INFORMATION

FAMILY NAME	Lee				
GIVEN NAME	Ji-eun				
MIDDLE NAME					
GENDER	Female	NATIONALITY	South Korea		
BIRTHDATE	05/16/1993	AGE	24		
PASSPORT NO.	123asd	VALIDITY DATE	2030-02-22	DATE OF ISSUANCE	2015-11-23
MAILING ADDRESS	1130-C Don Quijote St. Sampaloc Manila				

EMAIL ADDRESS	IU@gmail.com		
TELEPHONE NUMBER	+63 2-406-1611	MOBILE NUMBER	+63 974-887-6512

### II. EDUCATIONAL BACKGROUND

HOME UNIVERSITY	Austrian 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.



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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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