

University of Santo Tomas

OFFICE OF INTERNATIONAL RELATIONS AND PROGRAMS

Student Exchange Program Application Form for Inbound Program

I DEDCOMA		D 8 4 A	TION													
I. PERSONA	L INFO	RMA	TION													
FAMILY NAME		Kim					GENDER		ı	Male						
GIVEN NAME		Nam Joon					NA	NATIONALITY South Korea		orea						
MIDDLE NAME								BIRTHDATE		E	11/23/1997			AGE	20	
PASSPORT N	10. 23	O. 23kj4hkjh		VALIDITY DATE		2030-1	1-23	I		DAT	TE OF ISSUANCE 2015-		1-23			
MAILING ADDRESS hk1jmjhkjhkjh			mjhkjhkjhkl	n												
EMAIL ADDRESS rm@gmail.com																
TELEPHONE	R -	+63 2-406-1611				MOBILE NUMBER			+63 974-887-6512							
PERSON TO	ст н	kjljlkjljljlkjlj		'		RELAT		IONS	ISHIP likjikj							
ADDRESS	jlkjlkjlkj	jlkjlk	kjlk													
EMAIL ADDRE	ESS	asd@	asd@gmail.com					ONE NUMBER			-	+63 974-887-6512				
II. EDUCATIONAL BACKGROUND																
HOME UNIVERSITY Niigata				University												
UNIVERSITY ADDRESS 213lkjll				kjlkjhjhgjhg												
NAME OF OFFICER TO CONTACT				lkjlkjlkjlk					DESIGNATION Ikjlkji							
EMAIL ADDRESS OF OF			CER	asd@g	gmail.com			TELEPHO			IE NUMBER +63 974-8			974-88	37-6512	
CURRENT PROGRAM OF			STUDY	IICS				SPECIALIZATION BS			N BS.I	Т				
YEAR LEVEL 4			RECEPIENT OF SCHOLARSHIP/LOA				NS?									
III. PROPOS	ED FIE	LD O	F STUDY	,	-											
PROPOSED PROGRAM				BS. IT												
				1. IT 205												
				2. ICS 115												
COURSES TO BE TAKEN AT UST			3.													
				4.												
				5.												
INTENDED SEMESTER TO STUDY				2n	d Semester	RESEA	ARCH TOPIC	С								
REASON FOR STUDYING IN HOST UNIVE				RSITY	lkjlkjl		DISCIPLIN	ARY	ACTIO	N AN	ID STAT	US	kjlkj	lkj		

IV. ENGLISH PROFICIENC	Y (For non	-native speakers of	English)				
a.) Have you	completed a	a TOEFL/IELTS test	or equivalent in the	e last twelve mo	onths?		
	No						
b.) Do you inte	end to take	a TOEFL/IELTS test	t or equivalent in th	e immediate fu	ture?		
	No						
c.) In the abse in Home Unive		EFL test or equivalen	ıt, English proficien	cy must be ass	essed by an E	English teacher	
De	a a alina ar	POOR	FAIR	GOOD	EXCELLE	ENT	
	eading						
	Vriting						
Spe 							
Lis	tening						
Signature	e of your En	glish teacher in Hom	ne University		Date		
V. MEDICAL INFORMATIO	N	<u>-</u>					
DO YOU SMOKE? No	DO Y	YOU HAVE ANY PHYSICA	AL DISABILITIES/PERS	ONAL PROBLEMS	? Thesis		
DO YOU HAVE ANY SERIOUS ILL	NESS, CONDI	TIONS, OR ALLERGIES?	My hart				
VI. AIRPORT PICKUP (Airp	oort pickup	service is arrange	d only for a group	consisting at	least 10 or m	nore students)	
DATE AND TIME OF ARRIVAL			FLIGHT NUMBER			NAIA TERMINAL	
VII. INSURANCE INFORMA	TION		I	!			
INSURANCE COMPANY'S NAM	ME						
POLICY NUMBER			AMOUNT OF C	S DOLLARS			
VIII. ACCOMMODATION IN	IFORMATIO	ON			•		
DO YOU NEED ACCOMMODA	TION DURIN	IG THE PROGRAM? (SUBJECT TO AVAIL	ABILITY)	⁄es		
IX. STUDENT'S SIGNATUR	RE						
I hereby apply for admission my knowledge.	to study at	University of Santo	Tomas. I confirm th	nat the informat	ion provided a	above is correct to the b	est of
Signature Date							
X. HOME INSTITUTION AP	PROVAL						
I certify that the above stude	ent has beer	n approved for partic	ipation in the excha	ange program f	or the coming	2nd Semester.	
Signature of Ex		Date					
XI. EXPECTATIONS FROM	THE PRO	GRAM					
sdfghjksdfghjsdfghjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjj	uuuiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	99999999999999999999999999999999999999	gggggggggggaaaaeeeeefffffffffffffffffff	aaaaaaaaaaaaaa fffffggggggggggg mmmmmnnnnnn ssssssstttttttttttt	aaaaabbbbbbbb ggggggggggg nnnnnnnnnnn tttttttttuuuuuuu	obbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	hhhhhh ooooo

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