



University of Santo Tomas
OFFICE OF INTERNATIONAL RELATIONS AND PROGRAMS

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

I. PERSONAL INFORMATION

FAMILY NAME	Lee	GENDER	Female		
GIVEN NAME	Ji-eun	NATIONALITY	South Korea		
MIDDLE NAME		BIRTHDATE	05/16/1993	AGE	24
PASSPORT NO.	789456	VALIDITY DATE	0000-00-00	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		
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	Korea Tourism Organization				
UNIVERSITY ADDRESS	dsfsdfg				
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	BS. IT		SPECIALIZATION	BS.IT	
YEAR LEVEL	4	RECEIPT OF SCHOLARSHIP/LOANS?	No		

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				
INTENDED SEMESTER TO STUDY	1st Semester		RESEARCH TOPIC		
REASON FOR STUDYING IN HOST UNIVERSITY	uguygbfwse		DISCIPLINARY ACTION AND STATUS	fgbsdgfd	

IV. ENGLISH PROFICIENCY (For non-native speakers 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. MEDICAL INFORMATION

DO YOU SMOKE?	No	DO YOU HAVE ANY PHYSICAL DISABILITIES/PERSONAL PROBLEMS?	brain
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

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