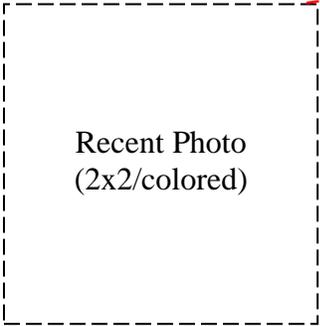




De La Salle University

2401 Taft Avenue, 0922 Manila, Philippines

www.dlsu.edu.ph



OUTBOUND EXCHANGE STUDENT APPLICATION FORM

ACCOMPLISH THIS FORM IN 3 SETS AND SUBMIT AT THE INTERNATIONAL CENTER (SJ 207),
IN A LONG ENVELOPE.

University Applying For:

First Choice: _____ Country located: _____

Second Choice: _____ Country located: _____

Planned Semester Abroad:

- First / Fall Semester
- Second / Spring Semester
- Summer/Winter Session
- Others _____

Duration of the Program: From _____ - To _____

I. PERSONAL INFORMATION

LAST NAME	
FIRST NAME	
MIDDLE NAME	
Student ID Number	
College/ Degree Program	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Citizenship based on passport	
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____
Birthdate	
Birth place	
Residential Address	
E-mail Address / DLSU	
Alternate email address	
Telephone Number	
Mobile Number	
Passport Number	
Validity	
If International Student: Visa type and validity	

II. EDUCATIONAL BACKGROUND

HIGHSCHOOL	
Name of school and address	
Honors and awards	
Year Graduated	
UNDERGRADUATE	
Name of school and address	
Degree	
Year Level	
CGPA	
Honors and Awards	
Expected Date of Graduation	
GRADUATE/POST GRADUATE	
Name of school and address	
Degree	
Year Level	
CGPA	
Honors and awards	
Expected Graduation	

III. EXTRA-CURRICULAR ACTIVITIES

Year	Organization	Responsibilities

IV. LANGUAGE PROFICIENCY

Language 1 : FILIPINO	Good	Fair	Poor
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 2 : ENGLISH			
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 3 : _____			
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. WORK EXPERIENCE

Period	Company	Position

VI. STUDY ABROAD EXPERIENCE

Please check [/] your answers in the boxes provided.

A. Have you ever applied for an exchange program at De La Salle University? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, in what program?	
Duration of the program:	
B. Have you ever been abroad to represent De La Salle University? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, in what program(s)?	
Title of the Program	Date
C. Do you have any physical, medical, or psychological issues that DLSU needs to be informed about prior to your exchange program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Are you willing to be a DLSU Ambassador to promote De La Salle University during Study Abroad Fair in your host university? Yes <input type="checkbox"/> No <input type="checkbox"/>	
E. Are you currently under medical or psychological intervention program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
F. Do you have family members or relatives in the country you are applying for as an Exchange Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please identify their names and your relationship:	
In Case of Emergency	Contact Person:
	Relationship with student:
	Residential address:
	E-mail Address:
	Telephone number:
	Mobile number:

VII. STUDENT DECLARATION

I, _____ (*full name of student*), hereby declare that I understand and agree on the following terms and conditions covering my application and participation in the De La Salle University Student Exchange / Outbound Program:

(Kindly check [/] the box to indicate that you have read, understood, and agree to the following terms and conditions of the DLSU Student Exchange Program:

- All the information I have provided in the Outbound Exchange Student Application Form are correct and complete;
- I acknowledge that De La Salle University may vary or cancel any initial decision it makes if the information I have given is found to be incorrect and/or incomplete;
- I am responsible in providing all documents required for my application as Outbound Exchange Student;
- I authorize De La Salle University to obtain further information where deemed necessary;
- I agree to comply with the rules governing admission and enrollment in the Host University;
- I am responsible for the prompt payment of any related fees to the program I am applying for;
- I am responsible for the prompt payment of any related fees to the program I am applying for; and
- I shall report immediately within two weeks after my Outbound Program to the Office of the Vice President for External Relations and Internationalization for a debriefing session and submission of the Outbound Program Survey Form and testimony.

Signature over printed name of Student

Date signed: _____

VIII. PARENT'S CONSENT



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OUTBOUND EXCHANGE STUDENT APPLICATION PARENT'S CONSENT

I, _____ (*name of parent*), am allowing my son/daughter _____ (*name of son/ daughter*) to apply for the Outbound Student Exchange Program of the De La Salle University to be held from _____ to _____ (*duration of the program*) at _____ (*name of Host University*).

I understand that he/she will abide by the terms stipulated in the Memorandum of Agreement between De La Salle University, Philippines and _____ (*name of Host University*), _____ (*country*).

In case of an emergency situation that may happen to my son/daughter during the period of the Outbound Program, I fully agree to waive any responsibility on the part of De La Salle University and _____ (*name of Host University*). Instead, I shall be held liable for the concern.

The information that I have written above is accurate and complete.

Signature over printed name of Parent/Guardian

Contact number: _____

Email address: _____

Date Signed: _____