



# De La Salle University

2x2 inches  
colored and recent photo  
(with white background)

## INTERNATIONAL CENTER

Saint Joseph Hall Room 207  
De La Salle University  
2401 Taft Avenue, Malate  
Manila 0922, Philippines  
Telephone/Fax Number: (632) 525-6727  
Direct Number: (632) 525-6727

## INBOUND EXCHANGE STUDENT PROGRAM APPLICATION FORM

### I. PERIOD OF EXCHANGE PROGRAM AT DE LA SALLE UNIVERSITY

- Term 1, Academic Year 20\_\_ - 20 \_\_  
(August/September – December)
- Term 2, Academic Year 20\_\_ - 20 \_\_  
(January – April)
- Term 3, Academic Year 20\_\_ - 20 \_\_  
(May – August)

HOME UNIVERSITY INFORMATION	
Name of home university	
Complete address of home university	
Degree or Program of study	
Name of Program Coordinator at home university	
Email	
Contact number	
OTHER UNIVERSITIES ATTENDED	
Name of university	
Country located	
Duration and year attended	
Degree earned / Certificate	
PERSONAL INFORMATION	
LAST NAME	
FIRST NAME	
MIDDLE NAME	
Nickname	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

Date of Birth (mm/dd/yyyy)	
Country of Birth	
Nationality	
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____
Complete residential address in the Philippines	
Complete residential address abroad	
E-mail address	
Mobile number	
<b>TRAVEL INFORMATION</b>	
Passport number	
Place of issue	
Date of issue	
Date expired	
Type of visa for study	
<b>EMERGENCY CONTACT INFORMATION</b>	
Travel/Health Insurance	
Company name	
Person to contact	
Relationship to student	
Contact number	
Email address	
<b>LANGUAGE PROFICIENCY</b>	

Please check appropriate boxes and provide additional information:

	<b>Degree of proficiency</b>		
	Excellent	Average	Poor
<b><i>I can speak...</i></b>			
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>I can write...</i></b>			
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>I can read...</i></b>			
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>EXTRA-CURRICULAR INVOLVEMENTS</b>		
Organization	Position	Major accomplishments

<b>WORK EXPERIENCE</b>		
Period	Company/Location	Position

## STUDENT EXCHANGE INFORMATION

- a) The proposed courses to be taken should be offered during the specific term of enrollment. These will be approved by the host College/School and availability of courses also depends on quota based on class size.
- b) DLSU allows a minimum of 12 to 15 (4-5 courses) to be enrolled per term.
- c) Together with the Letter of Acceptance, DLSU shall provide the student with the list of approved courses that can be enrolled at DLSU.

### (TERM 1) PROPOSED COURSES TO BE TAKEN AT DE LA SALLE UNIVERSITY

Title of courses (Priority)	Course Code	Credits	REMARKS (FOR DLSU USE)
1.			
2.			
3.			
4.			
5.			
Title of courses (Alternate)	Course Code	Credits	REMARKS (FOR DLSU USE)
6.			
7.			
8.			

### (TERM 2) PROPOSED COURSES TO BE TAKEN AT DE LA SALLE UNIVERSITY

Title of courses (Priority)	Course Code	Credits	REMARKS (FOR DLSU USE)
1.			
2.			
3.			
4.			
5.			
Title of courses (Alternate)	Course Code	Credits	REMARKS (FOR DLSU USE)
6.			
7.			
8.			

### (TERM 3) PROPOSED COURSES TO BE TAKEN AT DE LA SALLE UNIVERSITY

Title of courses (Priority)	Course Code	Credits	REMARKS (FOR DLSU USE)
1.			
2.			
3.			
4.			
5.			
Title of courses (Alternate)	Course Code	Credits	REMARKS (FOR DLSU USE)
6.			
7.			
8.			

### DOCUMENTS TO BE ATTACHED

1. Official Transcript of Records/University Grades with CGPA
2. Recommendation Letter
3. List of courses currently enrolled at home university
4. Letter of Endorsement to Enroll at De La Salle University
5. Certificate of Good Moral Character
6. Medical / Health Certificate with Chest X-ray result (summary report)
7. Photocopy of passport photo/bio-page
8. *To be brought upon arrival to the Philippines:* Copy of International Health/Medical/Travel Insurance (comprehensive)

### PARENT'S CERTIFICATION OF PERMISSION

This is to certify that I am allowing my son/daughter to participate in student mobility as an Exchange Student to be held from \_\_\_\_\_ to \_\_\_\_\_ at De La Salle University, Philippines.

(duration of the exchange program)

It is understood that he/she will abide by the terms stipulated in the Memorandum of Agreement between De La Salle University and \_\_\_\_\_.

(name of home university, country)

I fully agree to waive any responsibility on the part of De La Salle University and \_\_\_\_\_ (name of home university)

in case of any untoward incident that may happen to my son/ daughter during the duration of the program.

\_\_\_\_\_  
Signature over printed name of **Parent**

\_\_\_\_\_  
Date

### STUDENT DECLARATION

*(Mark each box with a check (✓) if you agree with each statement)*

- I declare that the information I supplied in this INBOUND STUDENT EXCHANGE APPLICATION FORM are all correct and complete.
- I understand that the De La Salle University has the prerogative to deny my application and impose penalties for incorrect or incomplete information I have deliberately supplied.
- I recognize that it is my responsibility to provide all documentary evidence requested in this application.
- I authorize the De La Salle University to obtain further information where deemed necessary.
- I agree to comply with the De La Salle University rules governing admission and enrollment of foreign students and with the policies on application, enrollment, and student exchange program.
- I understand that I am responsible for the prompt payment of any related fees as required in the program I am applying for.

\_\_\_\_\_  
Signature over printed name of **Student**

\_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_  
Signature over printed name of **Exchange Program Coordinator**  
(or Head of International Office at Home University)

\_\_\_\_\_  
Date