



De La Salle University

#2401 Taft Avenue, 0922 Manila, Philippines
www.dlsu.edu.ph



OUTBOUND EXCHANGE STUDENT APPLICATION FORM

University Applying For: _____ Country: _____

Semester Abroad: First Second Summer Session Others _____

I. Personal Information

Last/ Family Name	
Given Name	
Middle Name	
Student ID Number	
Nickname	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Title	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____
Nationality / Citizenship	
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____
Birthday (mm/dd/yyyy)	
Place of Birth	
Residential Address	
E-mail Address	
Telephone Number	
Mobile/Cellular Number	
Passport Number	
Valid up to (mm/dd/yyyy)	

In Case of Emergency	Contact Person:
	Relationship with student:
	Residential address:
	E-mail Address:
	Telephone number:
Mobile number:	

II. Educational Background

Post Graduate	University
	Complete address:
	Degree:
	Year Level:
	CGPA:
	Honors and Awards:

Undergraduate	University
	Complete address:
	Degree:
	Year Level:
	CGPA:
	Honors and awards:

High School	School
	Complete address:
	Year Graduated:
	CGPA:
	Honors and awards:

III. Extra-Curricular Activities

Year	Organization	Responsibilities

IV. Language Proficiency

Kindly check the appropriate box depending on the degree of proficiency on the following languages:

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	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 3 : _____	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 4 : _____	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 5 : _____	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"/>

V. Work Experience

Period	Company	Position

VI. Study Abroad Experience

Fill out the necessary details below. 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 family members or relatives in the country you are applying for a Student Exchange Program?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who are they?	

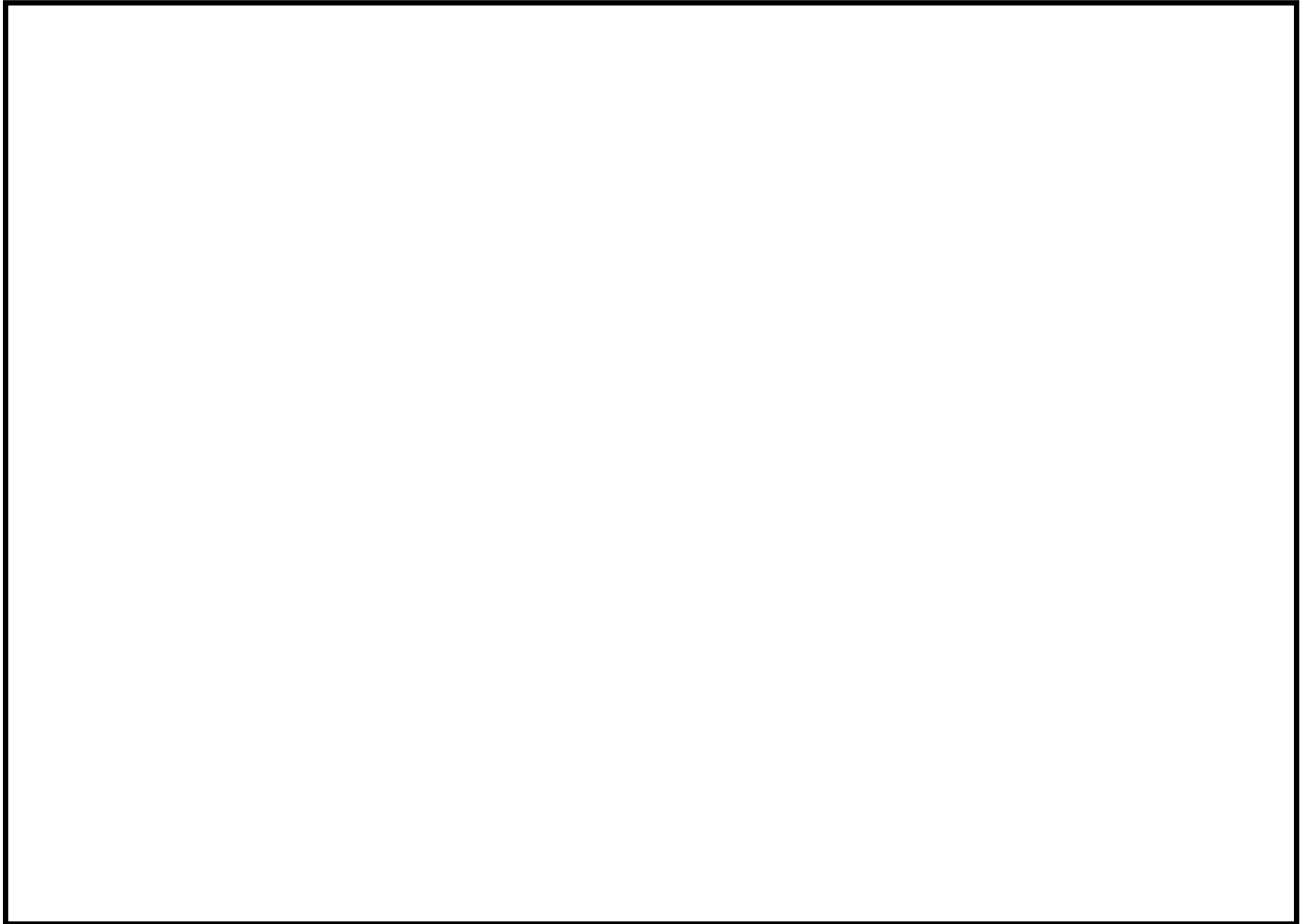
VII. **Parent's Consent** (*attached*)

VIII. **Student Declaration** (*attached*)

IX. **Essay** (maximum of 500 words)

A. What are your motivations for applying for a Student Exchange Program?

B. Why should the Office of the Vice President for External Relations and Internationalization send you abroad for a Student Exchange Program?



C. After your Student Exchange Program, what are your immediate plans upon your return to De La Salle University?



IMPORTANT INSTRUCTIONS:

1. For **Parent's Consent and Student Declaration Letter**, please refer to the attachments after this form.
2. Additional documents attached to the Outbound Application Form:
 - a. A copy of grades printed from MLS
 - b. Updated Curriculum Vitae
 - c. Photocopy of Enrollment Form for the current term
3. Submit **3 sets** in a **long brown envelope with the following label:**

LASTNAME, FIRST NAME MIDDLE NAME
ID NUMBER/COLLEGE/DEGREE
EMAIL & MOBILE NUMBER
UNIVERSITY APPLYING FOR
SEMESTER & AY

For SUCCESSFUL APPLICANTS:

Be ready with the following: (Original copy)

1. Official Transcript of Records
2. Good Moral Character
3. Two (2) Recommendation Letters
 - a. Vice Dean
 - b. Department chairperson

SUBMIT APPLICATION DOCUMENTS AT THE:

INTERNATIONAL CENTER

St. Joseph Hall, Room 207
Telephone/Fax Number: (+632) 525-67-27
Direct Number: (+632) 524-46-11 Ext. 289

Parent's Consent Letter

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: _____

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: _____