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 **De La Salle University**

 #2401 Taft Avenue, 0922 Manila, Philippines

 www.dlsu.edu.ph

**Outbound Application Form**

**Short Programs/ Summer & Winter Sessions**

**Lasallian Exchange and Virtual Study Abroad (EViSA) Program**

|  |  |
| --- | --- |
| **HOST UNIVERSITY** |  |
| **COUNTRY LOCATED** |  |
| **TITLE OF THE PROGRAM** |  |
| **DURATION** | **FROM: TO:** |
| **WITH SCHOLARSHIP** | **YES**[ ]  **NO**[ ]  |

**QUICK Information**

|  |  |
| --- | --- |
| Last Name, First Name, Middle Name |  |
| Student ID Number |  |
| Citizenship (based on Passport) |  |
| DLSU email |  |
| Alternate Email |  |
| Full title of degree program |  |
| Course Code |  |
| Are you enrolled this term? |  **YES** [ ]  **NO**[ ]  | CGPA |  |
| Term & Year Admitted at DLSU |  |
| Expected date of graduation (Month and Year) |  |
| Year Level | [ ] Yr. 1 [ ] Yr. 2[ ] Yr. 3 [ ] Yr. 4 | Academic Level | [ ] Graduate[ ] Undergraduate[ ] Post Graduate |

1. **Personal Information**

|  |  |
| --- | --- |
| Nickname |  |
| Gender | Female ❑ Male ❑ |
| Civil Status | ❑Single ❑ Married ❑ Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Birthdate |  |
| Place of Birth |  |
| Residential Address |  |
| Telephone Number |  |
| Mobile/Cellular Number |  |
| Passport Number |  |
| Valid up to (mm/dd/yyyy) |  |
| In Case ofEmergency | Contact Person: |  |
| Relationship with student: |  |
| Residential address: |  |
| E-mail Address: |  |
| Telephone number: |  |
| Mobile number:  |  |

1. **Educational Background**

|  |  |
| --- | --- |
| Graduate | Degree/College:  |
| Year Level: |
| CGPA: |
| Honors and awards: |
| Name of University: |

|  |  |
| --- | --- |
| Undergraduate | Honors and Awards: |
| Name of University: |

|  |  |
| --- | --- |
| High School  | School |
| Complete address: |
| Year Graduated: |
| Name of School/University: |
| Honors and awards: |

1. **Extra-Curricular Activities**

|  |  |  |
| --- | --- | --- |
| **Year** | **Organization** | **Responsibilities** |
|  |  |  |
|  |  |  |

1. **Work Experience**

|  |  |  |
| --- | --- | --- |
| **Period** | **Company** | **Position** |
|  |  |  |
|  |  |  |

1. **Study Abroad Experience**

Fill out the necessary details below. Please mark your answers in the boxes provided.

|  |
| --- |
| 1. Have you ever applied for an exchange program at De La Salle University?
 |
| **Yes** [ ]  | **No** [ ]  |
| If yes, in what program?  |
| Duration of the program:  |
| 1. Have you ever been abroad to represent De La Salle University?
 |
| **Yes** [ ]  | **No** [ ]  |
| If yes, in what program(s)?  |
| Title of the Program | Date |
|  |  |
|  |  |
| 1. Do you have family members or relatives in the country you are applying for a Student Exchange Program?
 |
| **Yes** [ ]  | **No** [ ]  |
| If yes, who are they?  |
| 1. Do you give your consent to DLSU OVPERI to utilize your photos and testimonies of your participation in the program for purposes of reporting and program promotion?
 |
| **Yes** [ ]  | **No** [ ]  |
| 1. This program needs to be finished and you are required to submit the Certificate of Completion to the OVPERI after the entire program. DO you agree to comply with this requirement of the program?
 |
| **Yes** [ ]  | **No** [ ]  |

1. **Parent’s Consent**
2. **Student Declaration**

**Parent’s Consent Letter**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of parent*), am allowing my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of son/ daughter*) to apply for the Outbound Program of the De La Salle University to be held from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (***exact*** *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 give my consent to the OVPERI of De La Salle University to obtain further information when necessary and utilize information in this application form as they deemed necessary;

[ ]  I agree to comply with the rules governing admission, enrollment, and mobility procedures at Host University;

[ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_