



OFFICE OF THE VICE PRESIDENT
FOR EXTERNAL RELATIONS AND INTERNATIONALIZATION

Student Exchange Program University Placement (StEP UP)
Inbound Student Exchange Program

Please attach digital
colored photo

Photo Size:
2 inches by 2 inches

INBOUND STUDENT APPLICATION FORM

Academic Year _____

HANDWRITING IS NOT ALLOWED. ALL ENTRIES MUST BE COMPUTERIZED.
INCOMPLETE DOCUMENTS WILL NOT BE PROCESSED.

Period of Student Exchange Program (Please tick appropriate boxes)

- Academic Year 2020 – 2021 Term 1 Term 2 Term 3
 Academic Year 2021 – 2022 Term 1 Term 2 Term 3
 Academic Year 2022 – 2023 Term 1 Term 2 Term 3

I. PERSONAL INFORMATION

Last Name	
First Name	
Middle Name (<i>if applicable</i>)	
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 your country	
Location during the program	
E-mail address	
Alternate e-mail address	
Mobile number	
EMERGENCY CONTACT INFORMATION:	
Person to contact in case of emergency	
Relationship to student	
Residential Address	
Contact number	
Email address	

II. HOME UNIVERSITY INFORMATION

Name of home university	
Complete address	
PROGRAM COORDINATOR:	
Full Name	
Email Address	
Contact number	

III. ACADEMIC INFORMATION

Degree / Program at home university	
Department / Faculty / Institute at home university	
Student ID Number	
Program level of study	<input type="checkbox"/> Bachelor (Undergraduate) <input type="checkbox"/> Masters or Doctorate (Graduate)
Year level at home university	<input type="checkbox"/> Yr. 1 <input type="checkbox"/> Yr. 2 <input type="checkbox"/> Yr. 3 <input type="checkbox"/> Yr. 4 <input type="checkbox"/> Yr. 5 <input type="checkbox"/> Yr. 6 <input type="checkbox"/> Yr. ____

IV. STUDY PLAN

Course Code	Course Title	Credits/Units

V. LANGUAGE PROFICIENCY

Native Language (or mother tongue)	
Language of instruction at home university	
ENGLISH PROFICIENCY SCORE	
Other Languages	
1. English	Speaking: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Reading: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Writing: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
2. _____	Speaking: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Reading: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Writing: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
3. _____	Speaking: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Reading: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Writing: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

VI. ORGANIZATION MEMBERSHIP

Name of the Organization	Position / Responsibilities	Involvement Period

VII. WORK EXPERIENCE

Name of the Company	Position / Responsibilities	Involvement Period

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Type of Agreement

Bilateral Agreement

Multilateral Agreement

Others, please specify: _____

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 if you agree with the 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.
- I authorize the Office of the Vice President for External Relations and Internationalization, International Center to process all my documents related to the Student Exchange Program University Placement.

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