



De La Salle University

International Center
Saint Joseph Hall Room 207
De La Salle University
2401 Taft Avenue, Malate
Manila 1004, Philippines
Telephone/Fax Number: (632) 525-6727
Direct Number: (632) 524-46-11 Local. 289

INBOUND EXCHANGE STUDENT PROGRAM ADMISSION FORM

Home University: _____

Degree being taken at home University: _____

For academic year: _____

Trimester to enter in De La Salle University:

1st Trimester (August) Academic Year: _____

2nd Trimester (January) Academic Year: _____

3rd Trimester (May) Academic Year: _____

Trimester/s to attend and study in De La Salle University:

1st Trimester (August-December) Academic Year: _____

2nd Trimester (January-April) Academic Year: _____

3rd Trimester (May-August) Academic Year: _____

Documents to be attached:

Transcript of Records/University Grades

Photocopy of Passport

Letter of Endorsement of Home University

Copy of Health/Travel Insurance

Most
Recent
Photo

I. Personal Information

Name	Last/Family name: _____ Given name: _____ Middle name: _____
Nickname	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Other: _____
Citizenship	
Nationality	
Birthday	Month: _____ Day: _____ Year: _____
Place of Birth	
Mailing Address	
E-Mail Address	
Contact Numbers	Telephone number: _____ Mobile/Cellular number: _____
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower
Passport Number	
In Case of Emergency	Person to contact: _____ Relationship with exchange student: _____ Mailing address: _____ _____ _____

	E-mail address: _____ Home telephone number: _____ Office telephone number: _____ Mobile/Cellular telephone number: _____
Travel/Health Insurance	Company name: _____

II. Educational Background

Level	Complete name of university / Complete address of university	Dates attended	Degree earned or to be earned / Awards and honors
Post graduate			
Undergraduate/ College			

III. Extra-Curricular Activities

Organization	Responsibilities	Awards/Achievements

IV. Language Proficiency

Please write the appropriate language and check the appropriate box

	Degree of Proficiency		
I can speak ...	Excellent	Average	Poor
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"/>
I can write ...	Degree of Proficiency		
	Excellent	Average	Poor
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"/>
I can read ...	Degree of Proficiency		
	Excellent	Average	Poor
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"/>

V. Work Experience

Period	Company	Position

VII. Courses intended to be taken at De La Salle University

- Courses listed should be offered on the specific trimester it will be enrolled
- Courses to be taken will have to get approval of the hosting college/school in De La Salle University
- List down all possible courses to be taken in a specific trimester

a. 1st Trimester (August-December) Academic Year: _____

	Course Title	Course Code
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

Do not fill up. For De La Salle University purposes only

Comments:

Approved by:

Date

Signature Over Printed Name

b. 2nd Trimester (January - April) Academic Year: _____

Course Title

Course Code

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Do not fill up. For De La Salle University purposes only

Comments:

Approved by:

Date

Signature Over Printed Name

Date

c. 3rd Trimester (May-August) Academic Year: _____

Course Title

Course Code

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Do not fill up. For De La Salle University purposes only

Comments:

Approved by:

Date

Signature Over Printed Name

IX. Parent's Certification of Permission

This is to certify that I am allowing my son/daughter to join the Student Exchange Program/Study Tour Program to be held from _____ to _____ (duration) at De La Salle University.

It is understood that he/she will abide by the terms stipulated in the Memorandum of Agreement between De La Salle University, Philippines and _____ (home university) , _____ (country).

I fully agree to waive any responsibility on the part of De La Salle University-Manila and _____ 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/guardian

Date

IX. Declaration

I declare that the information I have supplied in this Inbound Exchange Student Admission Form is correct and complete. I understand that the University may vary or cancel any decision it makes if the information I have supplied is found to be incorrect or incomplete. I recognize that it is my responsibility to provide all documentary evidence requested in this application. I authorize the University to obtain further information where deemed necessary. I agree to comply with their rules governing admission and enrollment of the University. I understand that I am responsible for the prompt payment of any related fees to the program I am applying for.

Signature over printed name of student

Date