

Eligibility:
☐ the applicant must be currently enrolled in home university

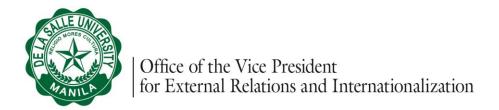
APPLICATION FORM

DEADLINE OF SUBMISSION

Term 1 – August/September to December (MAY 30)

INBOUND STUDENT EXCHANGE PROGRAM

Requirements: Accomplished DLSU Application Form (Inbound Exchange)		200	Term 2 – January to April (SEPTEMBER 30) Term 3 – May to August (JANUARY 30)		
Student Program)	HISOURIU EXCITATI	ige	SUBMISSION PROCESS		
☐ Curriculum Vitae /			We accept forms via email and courier.		
☐ Official Transcript of Records☐ Photocopy of Passport			 Via email, send to erio@dlsu.edu.ph and jhona.camba@dlsu.edu.ph. Via courier, mail to: 		
☐ Letter of Recommendation as an Exchar	nge Student				
□ Certificate of Good Moral Character					
☐ Medical Certificate with x-ray result			Office of the Vice President for External Relations		
☐ Proof of English proficiency (TOEFL at least 550-pbt, IELTS band of 6.0 or better and Certificate of English			and Internationalization (International Center)		
Proficiency or English as a Medium of Instr	ruction)		2401 Taft Avenue, 0922 Manila, Philippines		
Note: Please read the DLSU Fact Sheet for	r more				
I. Personal Information					
LAST NAME					
FIRST NAME					
MIDDLE NAME					
Gender Professional Control (1974)	□Female	□Ma	ile		
Date of Birth (mm/dd/yyyy)					
Country of Birth					
Nationality Civil Status	DC:nala		wind DOthorn		
Civil Status	□Single	□Mar	ried Others		
Complete residential address					
E-mail address					
Alternative E-mail address					
Mobile number					
II. Home University Informati	on				
Name of home university					
Complete address of home university					
Degree or Program of study					
Year level					
Name of Program Coordinator at home					
university					
Email					
Contact number					
III Davie d Eveken ve Dreamen					
III. Period Exchange Program	l				
☐ Term 1, Academic Year 2017 - 2018	(August/Sep	tembei	- December)		
☐ Term 2, Academic Year 2017 - 2018			,		
☐ Term 3, Academic Year 2017 - 2018					
· version or		e particular es			



IV. Courses to be taken at DE LA SALLE UNIVERSITY

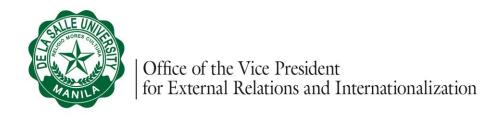
DLSU allows 9 - 12 units (3-5 courses) to be enrolled per term. An approval from DLSU is required for a maximum of 15 units course load for exchange students.

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.			

V. Emergency Contact Information

Person to contact	
Relationship to student	
Contact number	
Email address	

V I.	Type of Exchange Agreement (for the Ag	orne University Exchange Coordinator)
	☐ Bilateral Agreement	
	☐ Multilateral Agreement	(e.g. AIMS, EUSHARE, GE4 etc.)
	☐ Others:	



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				
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 DECLAR ATION (Mark each box (*) 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 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 De La Salle University Office of External Relations and Internationalization to obtain further information from concerned units at DLSU particularly clearances and certifications for purposes of my exchange program enrollment at the University. Signature over printed name of Student Date Date				
Witnessed by:				
Signature over printed name of Exchange Program Coordinator (or Head of International Office at Home University)				