



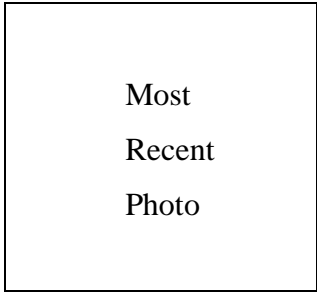
International Center  
 Saint Joseph Hall Room 207  
 De La Salle University  
 2401 Taft Avenue, Malate  
 Manila 1004, Philippines  
 Telephone/Fax Number: (632) 525-6727  
 Direct Number: (632) 524-46-11 Local. 289

**INBOUND EXCHANGE STUDENT PROGRAM ADMISSION FORM**

Home University: \_\_\_\_\_

Degree being taken at home University: \_\_\_\_\_

For school year: \_\_\_\_\_



**Trimester to enter in De La Salle University:**

1<sup>st</sup> Trimester (May) Academic Year: \_\_\_\_\_

2<sup>nd</sup> Trimester (September) Academic Year: \_\_\_\_\_

3<sup>rd</sup> Trimester (January) Academic Year: \_\_\_\_\_

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

1st Trimester (May – August) Academic Year: \_\_\_\_\_

2nd Trimester (September – December) Academic Year: \_\_\_\_\_

3rd Trimester (January – April) Academic Year: \_\_\_\_\_

**Documents to be attached:**

- Transcript of Records/University Grades
- Photocopy of Passport
- Letter of Endorsement of Home University

I. Personal Information

Name	Last/Family name: _____ Given name: _____ Middle name: _____
Nickname	



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

I can speak ...	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 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

VI. 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 (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

b.  2nd Trimester (September – 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 \_\_\_\_\_

c.  3rd 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 \_\_\_\_\_





