ATENEO DE MANILA UNIVERSITY
Office of International Relations

Application for International Visiting Students
for School Year 201___ - 201___

Attach photo
(35 mm x 45 mm)
white background

INSTRUCTIONS

1. Answers should be TYPEWRITTEN / COMPUTER-WRITTEN only
2. Print the information requested and put a [√] mark on the appropriate boxes.

Student Mobility Program (Check appropriate box)

☐ Regular Exchange ☐ AIMS Program ☐ AUN-ACTS ☐ UMAP ☐ OTHERS (Please specify) _____

Tuition Arrangement (Check appropriate box)

☐ Tuition-Waiver ☐ Fee-Paying

Level of Studies (Check appropriate box)

☐ Undergraduate ☐ LS Graduate ☐ AGSB Graduate

1 Family Name [Last Name]

First Name

2. Home Address

3. Telephone number [Home]

4. Email Address

5. Date of Birth

DD   MM   YYYY

6. Place of Birth

7. Citizenship

8. Gender

M   F

9. Civil Status

Single   Married

10. Religion

11. Name of Current Home School/University

12. Applying for period

☐ 1st Semester ☐ 2nd Semester

13. Major/Course in Home School/University

☐ 1 Academic Year ☐ Summer

14. English Language Proficiency [for non-native English speakers only]

English language proficiency tests taken	Date Taken			Score
	DD	MM	YYYY	

15. Languages Spoken

Language	Level [i.e. poor, fair, good, very good, excellent]

16. Work Experience

Name of Company/Institution	Location	Work Period From		Work Period To	
		MM	YYYY	MM	YYYY

17. Study and Career Plans

State reasons why you wish to study at the Ateneo de Manila University and how do they relate to your future plans [Use separate sheet if necessary]

18. Internship/Practicum Preference

[e.g. Research - Academe, Research - Community, Business/Industry, NGO - Social Development, etc. Please indicate order of priority if preference is more than one]

Internship Field	Order of priority if more than one. [i.e. 1st choice, 2nd choice, etc]

19. Countries lived in the past 3 years

Country	Purpose	Travel Period From		Travel Period To	
		MM	YYYY	MM	YYYY

20. Health Condition (list illnesses that could prevent a regular schedule of work or study)

21. Person/s to notify in case of emergency

Name	Address	Contact numbers

I certify that the information I supplied is true and complete to the best of my knowledge

Signature

Date