EXTERNAL RELATIONS AND INTERNATIONAL AFFAIRS

INBOUND STUDENT APPLICATION FORM
(International Exchange Program)

UNIVERSITY INFORMATION:

Home University:
Department / College:
Field of Study / Program:
Application No.:

APPLICATION FOR:

[ ] 1st semester (Aug.-Dec.)  [ ] 2nd semester (Jan.-May)  [ ] Summer Session (June-July)
Begin: Date Month Year
End: Date Month Year

[ ] Bachelor  [ ] Masters  [ ] Doctoral
Department / College:
Field of Study / Program:
International Exchange Program (AIMS, UMAP):

PERSONAL DETAILS:

Name:
Gender:
Date of Birth (mm/dd/yy): Place of Birth:
Nationality: Religion:
Citizenship:
Citizenship No. / Passport No.: Issued by:
Date of Issue (mm/dd/yy): Date of Expiration:
Native Language: English Test Score (IELTS/TOEFL):

Mailing Address:

Country: Postal Code:
Telephone: Phone Number:
Email Address:

Attach photo here
PROGRAMS TO BE ENROLLED AT THE UNIVERSITY OF MINDANAO
(Please refer to the attached list of availability programs per program/course)

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<th>Course Nomenclature</th>
<th>Course Description</th>
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Why do you wish to experience your International Study at UM?

________________________________________________________

 DECLARATION

I hereby declare that all information found in this application form is true. If any discrepancy is found, the University reserves the right to vary or reverse any decision regarding admission or enrolment.

Signature: ________________________ Date: ________________________