



# University of Santo Tomas

(Founded in 1611, Manila, Philippines)

Office of International Relations and Programs



## SHARE Scholarship Program

(Second Term-January to May 2018)

### FOR IN-BOUND STUDENTS

#### I. PERSONAL INFORMATION

Family Name				2 x 2 ID Picture	
Given Name					
Middle Name					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality			
Birthdate mm/dd/yyyy	__/__/__	Age			
Passport Number		Validity date mm/dd/yyyy	__/__/__	Date of Issuance	
Mailing Address					
Email Address					
Telephone Number				Mobile Number	

#### II. EDUCATIONAL BACKGROUND

Home University			
Degree Program		Major	
Year Level			

#### III. PROPOSED FIELD OF STUDY

Proposed Program	
Courses to be taken at UST (you may refer to <a href="http://www.ust.edu.ph/academics-page/academic-programs/">http://www.ust.edu.ph/academics-page/academic-programs/</a> )	1.
	2.
	3.
	4.
	5.

#### IV. ENGLISH PROFICIENCY: (FOR NON-NATIVE SPEAKER OF ENGLISH)

(a) Have you completed a TOEFL/IELTS test or equivalent in the last twelve months?

☐ Yes ☐ No

If yes, please provide score: \_\_\_\_\_

(b) Do you intend to take a TOEFL/IELTS test or equivalent in the immediate future?

☐ Yes ☐ No

If yes, please provide details of test (type and date) \_\_\_\_\_

(c) In the absence of TOEFL/IELTS test or equivalent, English proficiency must be assessed by an English teacher in Home University)

	FAIR	POOR	GOOD	EXCELLENT
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of your English teacher  
in Home University

\_\_\_\_\_  
Date

#### V. STUDENT'S SIGNATURE

I hereby apply for admission to study at University of Santo Tomas. I confirm that the information provided above is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### VI. HOME INSTITUTION APPROVAL

I certify that the above student has been approved for participation in the exchange program for the coming Second term 2018 (i.e. January to May 2018).

\_\_\_\_\_  
Signature of Exchange Coordinator/  
International Relations Officer

\_\_\_\_\_  
Date

#### VII. EXPECTATIONS FROM THE PROGRAM

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