



# ATENEO DE MANILA UNIVERSITY

## Office of International Relations

### Application for International Visiting Students for School Year 201\_\_ - 201\_\_

**Attach photo**  
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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  
 1 Academic Year                       Summer

13. Major/Course in Home School/University

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

English language proficiency tests taken


Date Taken

DD	MM	YYYY

Score


15. Languages Spoken

Language


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


