

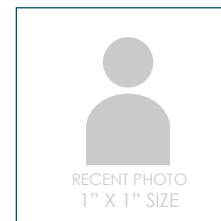
STUDENT EXCHANGE PROGRAM (OUTBOUND STUDENT)

STUDY ABROAD SEMESTER

- 1st Trimester (September - December) 2017/ 2018/ 2019/ 2020
- 2nd Trimester (January - April) 2017/ 2018/ 2019/ 2020
- 3rd Trimester (May-August) 2017/ 2018/ 2019/ 2020

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ADMISSION NUMBER



A PERSONAL DETAILS

| | | |
|---|---|---|
| TITLE | FIRST NAME | SURNAME |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Mr./Mrs./Ms.

PROGRAM _____

CREDITS COMPLETED _____ **C.G.P.A.** _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

NATIONALITY _____

RELIGION _____ **MARITAL STATUS** _____

PASSPORT NO. _____

E-MAIL ADDRESS _____ **TEL. NO.** _____

CORRESPONDENCE ADDRESS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ **RELATIONSHIP** _____

E-MAIL ADDRESS _____ **TEL. NO.** _____

B TOEFL / IELTS SCORE AND OTHER LANGUAGE PROFICIENCY

TOEFL / IELTS Score Examination Date: DD/ MM/ YY

Native Language: _____

Other Language Proficiency: _____

C CHOICE OF INSTITUTIONS

1. **First Choice** _____

2. **Second Choice** _____

3. **Third Choice** _____

D PROPOSED STUDY PLAN Please list 4 Courses, in priority order, you would like to study from the calendar (catalogue) and website of your first choice University.

| NO. | COURSE CODE | COURSE TITLE |
|-----|-------------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

** As an exchange student you need to pay the normal Assumption University tuition and registration fees. In addition, you are responsible for expenses for school activities, housing, transportation, food, books, and other personal necessities while you are studying at the overseas university.**

PARTICIPATION AGREEMENT

Should I be selected, I,....., student I.D., hereby accept placement on the Assumption University Student Exchange Program. The host institution and period for my study abroad placement are as specified in the program I have received from Assumption University. I further agree with Assumption University as follows:

1. I accept full responsibility for ensuring that all approvals of course selection and load requirements are obtained from my home department, including approval of course changes.
2. I will have the status of non-degree of student at the host institution. I agree to take such courses and classes, and undergo such examinations and tests, as required by the host institution and Assumption University. I will be responsible for forwarding to Assumption University the academic records for the work undertaken at the host institution.
3. I will conduct myself in strict accordance with relevant regulations (academic and code of conduct) as stipulated by Assumption University and in compliance with the policies, rules and regulations prescribed by the host institution.
4. My placement may be terminated early if I fail to remain enrolled full-time, fail to maintain minimum academic standards as defined by Assumption University and my host institution, or am found in violation of laws and regulations of my host country or institution. Such termination may carry the same financial obligations as withdrawals.
5. I understand that if I have to terminate my participation in the Student Exchange Program. Assumption University may require me to reimburse the University for any Grants and/or expenses paid on my behalf.
6. My placement will be limited to the specified period. An extension requests in subject to approval in writing by both Assumption University and my host institution.
7. I will inform Assumption University immediately if I am unable to take part in the program after having signed this agreement.
8. I will take part in all aspects of the program, including any orientation, post-return debriefing and evaluation sessions as required and will assist in the promotion of the program as requested by Assumption University and/or my home department.
9. I agree that my academic and personal records will be forwarded to the host institution. I also consent to the disclosure of information to my parents, guardians, emergency contact person, officers of the program at Assumption University and at the host institutions for the durations of my participation in the program.
10. I will provide Assumption University with my postal and email address as well as telephone number in the host country and respond to requests for information from Assumption University and students who may participate in the program in future.

DECLARATION

I authorized Assumption University to use my data to carry out checks on records of my studies, including, obtaining a copy of my transcript from the oversea institution. I understand that, upon application for the Student Exchange Program, the data will become a part of my student record and may be used for all-purpose relation to my study in accordance with the procedures of Assumption University. I declare that the information given in support of this application is accurate and complete, and understand that any misrepresentation will result in disqualification of my application in the Exchange Program of Assumption University. I understand that my data may be sent to the oversea universities I choose for the program.

Signature
(_____)
Date _____

Office of Graduate Studies

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Contact Person:

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