



Manila Central University

EDSA, Caloocan City 1400, Metro Manila, Philippines
 www.mcu.edu.ph

Student Exchange Program (SEP) INBOUND Exchange Student APPLICATION FORM

I. PERSONAL INFORMATION

Last/Family Name:		First/Given Name:		2" x 2" Colored ID Picture
Middle:		Nickname:		
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: MM / DD / YYYY		Place of Birth:		
Citizenship:			Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____	
Mailing Address:			E-mail Address:	
Passport Number:		Passport Validity: MM / DD / YYYY		Tel. No.: Mobile No.:

In Case of Emergency

Travel/Health Insurance:		
Company Name:		
Person to Contact:		
Relationship with Student:		
Mailing Address:		
E-mail Address:		
Home Tel. No.:	Office No.:	Mobile No.:

II. PERIOD OF STUDENT EXCHANGE AT MANILA CENTRAL UNIVERSITY

Term 1 (June – November), Academic Year 20__ – 20__

Term 2 (December – May), Academic Year 20__ – 20__

HOME UNIVERSITY INFORMATION

Name of Home University	
Degree or Program of Study	
Complete Address of Home University	

III. DOCUMENTS TO BE ATTACHED

1. Certificate of Good Moral Character from the Academic Official of School of Medicine
2. Letter of Good Standing (LoGS) with official school stamp
3. Certificate of Recommendation from the Academic Official of School of Medicine
4. Medical Examination Report
5. Proof of Professional Indemnity Insurance/Malpractice Insurance/Personal Liability Insurance
Special Study Permit (SSP) from the Bureau of Immigration (BOI).

More details at <http://www.immigration.gov.ph/services/special-permits/special-study-permit>

IV. EXTRA-CURRICULAR INVOLVEMENTS

Organization	Position	Major Accomplishments

V. LANGUAGE PROFICIENCY

Please check appropriate boxes and provide additional information

	Degree of Proficiency		
	Excellent	Average	Poor
<i>I can speak...</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I can write...</i>			
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I can read...</i>			
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. WORK EXPERIENCE

Company/Location	Position	Period

VII. ELECTIVE COURSES TO BE TAKEN AT MANILA CENTRAL UNIVERSITY

Please check your choice of Elective Courses:

- Emergency Medicine (2 weeks)**
- Anatomic and Clinical Pathology (2 weeks)**
- Physical Medicine and Rehabilitation (2 weeks)**
- Radiological Sciences and Diagnostic Imaging (2 weeks)**
- Community Immersion (4 weeks)**

VIII. PARENT'S CERTIFICATION OF PERMISSION

This is to certify that I am allowing my son/daughter to join the Manila Central University Student Exchange Program as a Student Exchange to be held from (duration of the MCU SE program) _____ to _____ at Manila Central University, Philippines.

It is understood that he/she will abide by the terms stipulated in the Memorandum of Agreement between Manila Central University and (name of Home University) _____, (country) _____.

I fully agree to waive any responsibility on the part of Manila Central University and (name of Home University) _____ in case of any untoward incident that may happen to my son/daughter during the duration of the program.

Signature over printed name of
Parent/Guardian

Date

IX. DECLARATION

I declare that the information I supplied in this **Manila Central University Student Exchange Program Inbound Application Form** are all correct and complete. I understand that the University has the prerogative to deny my application and impose penalties for incorrect or incomplete information I have deliberately supplied.

I recognize that it is my responsibility to provide all documentary evidence requested in this application. I authorize the University to obtain further information where deemed necessary. I agree to comply with University rules governing admission and enrollment of foreign students and with the policies on Student Exchange Program. Finally, I understand that I am responsible for the prompt payment of any related fees, if there are any, as required in the program I am applying for.

Signature over printed name of
Parent/Guardian

Date

X. MANILA CENTRAL UNIVERSITY CONTACT PERSON

MS. MARBETH S. PACPACO
Administrative Assistant
Dean's Office, College of Medicine

Tel. No.: **(+632) 367-2249**
Trunkline No.: **(+632) 367-2031** loc. 1211 or 1231
E-mail Address: **medicine@mcu.edu.ph**
Website: **www.mcu.edu.ph**

Submit or Mail application documents at:

COLLEGE OF MEDICINE
2nd floor, Administrative Bldg.,
Manila Central University
Epifanio delos Santos Avenue (EDSA)
Caloocan City 1400
Philippines

******For Manila Central University Use Only***

Remarks:		

Approved By:		
_____	_____	_____
Signature over Printed Name	Designation	Date