



# 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"<br>Colored ID Picture |
| Middle:   |  | Nickname:   |   |                               |
| Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.<br><input type="checkbox"/> Other _____ |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |   |                               |
| Date of Birth:<br>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:<br>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                     |
| <b><i>I can speak...</i></b> | <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"/> |
| <b><i>I can write...</i></b> |                          |                          |                          |
| 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"/> |
| <b><i>I can read...</i></b>  |                          |                          |                          |
| 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:

- 2 weeks
- 4 weeks
- ONLY Community Immersion
- Community Immersion with hospital rotation in other departments

**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**  
2<sup>nd</sup> floor, Administrative Bldg.,  
Manila Central University  
Epifanio delos Santos Avenue (EDSA)  
Caloocan City 1400  
Philippines

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

|                             |             |       |
|-----------------------------|-------------|-------|
| Remarks:                    |             |       |
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| Approved By:                |             |       |
| <hr/>                       | <hr/>       | <hr/> |
| Signature over Printed Name | Designation | Date  |