UNIVERSITY OF SANTO TOMAS

Office of International Relations and Programs

APPLICATION FORM FOR AIMS SCHOLARSHIP PROGRAMME IN UST

Term 2 – January to May 2027

INBOUND STUDENT

I. PERSONAL INFORMATION

2 x 2 ID Picture

Family Name					
Given Name					
Middle Name					
Gender	☐ Male ☐ Female	**Citizenship**			
Birthdate mm/dd/yyyy	___/___/_____	**Age**			
Birthplace		**Nationality**			
Passport Number		**Validity date** mm/dd/yyyy	___/___/_____	**Date of Issuance** mm/dd/yyyy	___/___/_____
Mailing Address					
Email Address					
Telephone Number		**Mobile Number**			

II. EDUCATIONAL BACKGROUND

Home University					
Degree Program		**Major**		**Year Level**	

III. PROPOSED PROGRAM: _____

COURSES (ust.edu.ph/academics)

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 If yes, please provide your score: _____

☐ No

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

☐ Yes If yes, please provide the details of test (type and date): _____

☐ No

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

	POOR	FAIR	GOOD	EXCELLENT
Reading	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Speaking	☐	☐	☐	☐
Listening	☐	☐	☐	☐

_____ _____

Signature of your English teacher in Home University Date

G/F Main Bldg., University of Santo Tomas, España Blvd., Manila, Philippines, 1015
+632-3406-1611 local 8658 | international@ust.edu.ph

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V. MEDICAL INFORMATION

Do you smoke?	☐ Yes ☐ No	**Do you have any physical disabilities or personal/mental health concerns?**	☐ Yes ☐ No	**If yes, please describe:**
Do you have any serious illnesses, conditions, or allergies?	☐ Yes ☐ No	**If yes, please describe:**		

VI. AIRPORT PICKUP (Take note that airport pickup service is arranged only for a group consisting at least 10 or more students)

Date and Time of Arrival		**Flight Number**		**Terminal**	**NAIA** ☐ 1 ☐ 2 ☐ 3

VII. INSURANCE INFORMATION

Insurance Company's Name	**Policy Number**	**Amount of Coverage in US Dollars**

VIII. ACCOMODATION INFORMATION

Do you need accommodation during student exchange program? ☐ Yes ☐ No	• The accommodation offered is subject to availability. • If you answered **NO**, UST will not be held liable or responsible for an other accommodation arrangements.

IX. 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

X. HOME INSTITUTION APPROVAL

I certify that the above student has been approved for participation in the exchange program for the coming Second Semester AY 2026-2027.

_____ _____

Signature of Exchange Coordinator/
International Relations Officer

Date

XI. EXPECTATIONS FROM THE PROGRAM

_____

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_____

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