**AUN ASEAN Experiential Learning Programme (AELP) Participating Sheet**

*Please TYPE.*

*Please ensure that all fields are completed.*

*Please tick the box □✔ that you applied.*

*If you have no response for a question, please fill in "None" or "N/A". Don't leave blanks.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name in full** | First/Given: | | | | | **Gender** | □ FEMALE | | | **Photograph (4.5×3.5)**  **(taken within 6 months）** | |
| Last/Sur: | | | | | □ MALE | | |
| **Passport**  **Name** | \*Full name as it appears on your passport (ALL CAPITALIZED) | | | | | | | | |
| **Phone** | TEL(home): | | | | TEL(mobile): | | | | | | |
| **Current**  **Address** |  | | | | | | | | | | |
| **E-mail** |  | | | | | | | | | | |
| **Date of birth** |  | / | / | **Age** |  | **Nationality** | |  | | | |
| Year | Month | Day |
| **Passport**  **number** |  | | | | | **Expire date** | |  | / | | / |
| Day | Month | | Year |
| **University** | Name: | | | | Major： | | | | | Year: | |
| **Emergency**  **Contact** | Name: | | | | | Relation to participant: | | | | | |
| TEL(home): | | | | | TEL(mobile): | | | | | |
| Address: | | | | | | | | | | |
| **Language Skill** | English: | TOEIC（ ） TOEFL（ ） Others （ ） | | | | | | | | | |
| Others: | (ex. Tagalog) | | | | | | | | | |
| **Health &**  **Condition** | □ No | | | | | **Health History:** | | | | | |
| □ Yes (Please specify) | | | | |
| **Special**  **dietary**  **requirement** | □ No | □ Yes (Please specify)  *(\*Food allergy, or Religious Dietary Restriction, and so on.)* | | | | | | | | | |
| **Others** | \*If there are other special requirements needed, please specify. | | | | | | | | | | |