**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. |