|  |  |  |  |
| --- | --- | --- | --- |
|  | **College of Pharmacy**  **University of the Philippines Manila**  **Office of Student Relations** | |  |
| **Checklist for Outbound Students**  (attach in front of Application Requirements) | | | |
|  | | | |
| **Name of Student:** | |  | |
| **Target University:** | |  | |
| **Date of Exchange:** | |  | |
|  | | | |
| **Application Requirements** | | | |
| * + Checklist for Outbound Students   + Application Form   + Photocopy of Passport   + True Copy of Grades   + Certification of Good Moral (notify CMGA)   + Medical Certificate, showing student is fit for exchange (from UP-PGH Health Service) | | | |
| **Pre-exchange Requirements** | | | |
| * + List of CP Subjects for Excuse Letters   + Scanned Copy of Passport   + Insurance   + Flight Booking   + Allowance   + Token   + Cultural Attire   + Complete White Uniforms with ID   + Group Dry Run Presentation   (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| **Post-exchange Requirements** | | | |
| * + Individual Journal   + Group Accomplishment Report   + Group Oral Presentation to the Department/Dean   (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   * + Group Oral Presentation to the Batchmates   (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   * + Group Student Exchange Experience Portfolio | | | |

**Application Form for Outbound Exchange Students**

|  |  |  |
| --- | --- | --- |
| **I. Personal Information** | | |
| Applicant Name: (ENGLISH, as it appears in the passport)  (First Name) (Middle Name) (Surname)  1 x 1 Picture | | |
| UP E-mail: | | Date of Birth (mm/dd/yyyy): |
| Degree Program:   * BS Pharmacy * BS Industrial Pharmacy | | Sex:   * Male * Female |
| Student Number: | | Year Level Standing: |
| Current Address: | | |
| Contact Number: | | Period of Exchange (mm/dd/yyyy to mm/dd/yyyy): |
| Passport Number: | |
| **II. Person to Contact in Case of Emergency** | | |
| Name: | | Relation with the Student: |
| Current Address: | | |
| Contact Number: | | |
| III. Leadership and Community Involvement | | |
| *A. Organizations and Positions Held*   * **Organization**, Position, Year (add more bullets as applicable) * **Organization**, Position, Year (add more bullets as applicable)   *B. Trainings/Conferences/Seminars/Activities Organized or Attended*   * **Title of Activity**, Role, Year (add more bullets as applicable) * **Title of Activity**, Role, Year (add more bullets as applicable) | | |
| **IV. Essay** | | |
| *What is your view on international exchange programs?*  Maximum of six (6) lines  *Why do you want to partake in the program?*  Maximum of six (6) lines  *How would you ensure that the things you will learn in Thailand will be used for the betterment of pharmacy practice in the Philippines?*  Maximum of six (6) lines | | |
| **V. Learning Contract** | | |
| **OBJECTIVES:**  What are you going to learn? | *Itemize what you want to be able to do or know when completed.* | |
| **RESOURCES AND STRATEGIES:**  How are you going to learn it? | *What do you have to do in order to meet each of the objectives defined.* | |
| **EVIDENCE:**  How are you going to know that you learned it? | *What is the specific task that you are to complete to demonstrate learning?* | |
| **VERIFICATION:**  How are you going to prove that you learned it? | *Who will receive the product of your learning and how will they evaluate it?* | |
| **TARGET DATE FOR COMPLETION** |  | |
| **VI. Waiver** | | |
| I am allowing my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the **UP College of Pharmacy International Exchange Program 2018** to be held at the **Mahasarakham University in Thailand** on **January 04 to 25, 2018**, acknowledging that the participation of my son/daughter in this activity is of our own freewill and that we will not hold the University of the Philippines, the College of Pharmacy, the faculty, administration, and staff liable to any untoward incident that may occur during the conduct of such activity outside of the University Campus. Furthermore, our family is willing to shoulder all expenses related to the program including but not limited to airfare, insurance, land transportation, and board and lodging.  Dated:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent (Print name after signature) | | |
| **VII. Attachments** | | |
| Please attach the checklist on top of the application form. The following documents must then be attached after the application form in this order:   1. Photocopy of Passport 2. True Copy of Grades 3. Medical certificate issued by UP-PGH Health Service showing applicant is fit for exchange 4. Certification from the College Office of Student Relations that the student has never been subjected to any disciplinary action (just inform CMGA) | | |

We have reviewed and find acceptable the above information and learning contract.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Learner and Date**  (signature over printed name) | **UP College of Pharmacy Exchange Coordinator and Date**  (signature over printed name) |