**Asian Association of Agricultural Colleges and Universities**

Secretariat: Office of the Dean, College of Agriculture, University of the Philippines Los Baños

College 4031 Laguna, PHILIPPINES; Telefax: +63-49-536-3535; Email: aaacu2012@yahoo.com



# AAACU STUDY TOUR PROGRAM APPLICATION FORM

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ATTACH ONE PASSPORT SIZE PICTURE

**Please complete this Form and submit to AAACU not later than 29 July 2022 to:**

**DR. FILMA C. CALALO, Technical Assistant**

Asian Association of Agricultural Colleges and Universities (AAACU)

Office of the Dean, College of Agriculture and Food Science

UP Los Baños, College 4031 Laguna, PHILIPPINES

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| **PERSONAL INFORMATION** |
| Complete Name of Applicant |  LAST NAME FIRST NAME MI |
| Gender | ❒ Male | ❒ Female | Date of Birth:DAY MONTH YEAR |
| Complete Home Address |  |
|  |
| Country: |
| Contact Number/s | Home Phone, if any: | Mobile:  |
| Email Address (PLEASE WRITE LEGIBLY) |  |
| Passport Details | Number: | Date and Place of Issue: | Expiry Date: |

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| **SCHOOL INFORMATION** |
| Name of School/University Currently Enrolled In |  |
|  |
| Complete Address of School/University |  |
|  |
|  |
| Contact Number/s | Phone: | Fax:  |

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| **SCHOOL INFORMATION** (Continued) |
| Degree Course |  |
| Major Field of Specialization |  |
| Year Level |  |
| **OTHER RELEVANT INFORMATION** |
| Name and Address ofContact Person in Case of Emergency |  |
|  |
| Relationship to Applicant |  |

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| **I hereby certify that the information provided in this form is complete and accurate.** |
|  |  |
|  |  |
| **(Signature of Applicant Over Printed Name)** |  | **Date** |