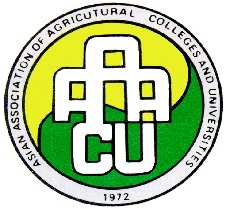
**Asian Association of Agricultural Colleges and Universities**

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](mailto:aaacu2012@yahoo.com)



# AAACU STUDY TOUR PROGRAM APPLICATION FORM

ATTACH PASSPORT SIZE PHOTO HERE

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: |

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

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

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