

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: <u>aaacu.secretariat@gmail.com</u>

AAACU STUDENT ENRICHMENT PROGRAM APPLICATION FORM

Please complete this Form and submit to AAACU NOT LATER THAN 28 APRIL 2023 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 UPLOAD A PASSPORT SIZE PICTURE

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: | | ۱ | Mobile: | | | |
| Email Address (PLEASE WRITE LEGIBLY) | | | | | | | |
| Passport Details | Number: Date and | | nd 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 INFORMATI | ON (Continued) |
|---|----------------|
| Degree Course | |
| Major Field of Specialization | |
| Year Level | |
| OTHER RELEVANT IN | IFORMATION |
| 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