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.

<table>
<tr><td rowspan="2">Name in full</td><td colspan="3">First/Given:</td><td rowspan="2">Gender</td><td>□ FEMALE</td><td rowspan="2">Photograph (4.5×3.5) (taken within 6 months）</td></tr>
<tr><td colspan="3">Last/Sur:</td><td>□ MALE</td></tr>
<tr><td>Passport Name</td><td colspan="5">*Full name as it appears on your passport (ALL CAPITALIZED)</td></tr>
<tr><td>Phone</td><td colspan="3">TEL(home):</td><td colspan="3">TEL(mobile):</td></tr>
<tr><td>Current Address</td><td colspan="6"></td></tr>
<tr><td>E-mail</td><td colspan="6"></td></tr>
<tr><td rowspan="2">Date of birth</td><td colspan="3">/ /</td><td rowspan="2">Age</td><td rowspan="2"></td><td rowspan="2">Nationality</td><td rowspan="2"></td></tr>
<tr><td>Year</td><td>Month</td><td>Day</td></tr>
<tr><td rowspan="2">Passport number</td><td colspan="4" rowspan="2"></td><td rowspan="2">Expire date</td><td colspan="2">/ /</td></tr>
<tr><td>Day</td><td>Month</td><td>Year</td></tr>
<tr><td>University</td><td colspan="3">Name:</td><td colspan="2">Major：</td><td>Year:</td></tr>
<tr><td rowspan="3">Emergency Contact</td><td colspan="4">Name:</td><td colspan="3">Relation to participant:</td></tr>
<tr><td colspan="4">TEL(home):</td><td colspan="3">TEL(mobile):</td></tr>
<tr><td colspan="7">Address:</td></tr>
<tr><td rowspan="2">Language Skill</td><td>English:</td><td colspan="6">TOEIC（ ） TOEFL（ ） Others（ ）</td></tr>
<tr><td>Others:</td><td colspan="6">(ex. Tagalog)</td></tr>
<tr><td rowspan="2">Health & Condition</td><td colspan="4">□ No</td><td colspan="3" rowspan="2">Health History:</td></tr>
<tr><td colspan="4">□ Yes (Please specify)</td></tr>
<tr><td>Special dietary requirement</td><td>□ No</td><td colspan="5">□ Yes (Please specify)
(*Food allergy, or Religious Dietary Restriction, and so on.)</td></tr>
<tr><td>Others</td><td colspan="6">*If there are other special requirements needed, please specify.</td></tr>
</table>