

|                                                                                   |                                                                |                               |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------|
|  | INTERNATIONAL SHORT-TERM OUTBOUND<br>MOBILITY APPLICATION FORM | Document No.: FM-IL-23-02     |
|                                                                                   |                                                                | Effective Date: 01 March 2025 |

Application Number: \_\_\_\_\_

| APPLICANT PROFILE:                                                                                                                                                   |                         |                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------|
| Name Applicant (Last, First, Middle):                                                                                                                                |                         | Gender:<br><input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> He/She |
| Name of School:                                                                                                                                                      |                         |                                                                                                     |
| Name of Specific Program:                                                                                                                                            |                         | Course Code:                                                                                        |
| Applicant Category: <input type="checkbox"/> Faculty Member <input type="checkbox"/> Student <input type="checkbox"/> Admin <input type="checkbox"/> Others, specify |                         |                                                                                                     |
| Year Level:                                                                                                                                                          | Target Destination:     |                                                                                                     |
| Purpose of Mobility:                                                                                                                                                 |                         |                                                                                                     |
| Date of Announcement to Students                                                                                                                                     |                         | Date of Orientation to Students                                                                     |
| Date of Announcement to Parents                                                                                                                                      | # of Students Involved: | # of Faculty Members Involved:                                                                      |
| Target Period of Mobility/Travel:                                                                                                                                    |                         | Source of Fund:                                                                                     |
| Mobile No.:                                                                                                                                                          | Email Address:          | Official Landline No.:                                                                              |
| Name & Address of Target Destination:                                                                                                                                |                         |                                                                                                     |
| Name and Contact details (Name, Email Address, Mobile #) of Host:                                                                                                    |                         |                                                                                                     |

To the Office of the International Linkages, Relations, and Development Cooperation (ILRAD):

- I hereby attest to the completeness and accuracy of all the information supplied herein. I understand that withholding of information or giving false information will make me ineligible for admission or may jeopardize my continued stay after admission has been granted.
- I acknowledge that the documents I have submitted maybe withdrawn in case my application gets denied. In case my application gets approved, I am fully aware that I need to abide by Mapua’s school policies.
- I also allow MAPUA to use and release the information for legitimate purposes specifically for evaluation for admission to the university. I allow MAPUA to release the information only to authorized personnel for the above stated purpose in accordance to the Data Privacy Policy of the University.

I, \_\_\_\_\_, applicant to the student mobility program of Mapua University, Manila, Philippines, hereby certify that all information written above is true and correct to the best of my knowledge. IN WITNESS WHEREOF, I have hereunto affix below my signature this \_\_\_\_\_ at Manila City, Philippines.

\_\_\_\_\_  
Applicant’s Signature above Printed Name/Date

Doc. No.: \_\_\_\_\_  
Page No.: \_\_\_\_\_  
Book No.: \_\_\_\_\_  
Series of \_\_\_\_\_

|                                                                                   |                                                                |                               |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------|
|  | INTERNATIONAL SHORT-TERM OUTBOUND<br>MOBILITY APPLICATION FORM | Document No.: FM-IL-23-02     |
|                                                                                   |                                                                | Effective Date: 01 March 2025 |

Application Number: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE, FOR ILRAD USE ONLY.

Evaluation Result:

Name of Travel Agency (if applicable): \_\_\_\_\_

Name and Mobile Number of Lead Person During Mobility: \_\_\_\_\_

Has there been scheduled bidding for service provider? ☐ Yes ☐ No If Yes when \_\_\_\_\_

Is the Travel Agency an accredited service provider of Mapua University? ☐ Yes ☐ No

Is the Course mentioned above is offered during the current academic term? ☐ Yes ☐ No

Is the itinerary and destinations are academic program relevant? ☐ Yes ☐ No

Are students and faculty members compliant to requirements? ☐ yes ☐ No ☐ In progress

Are all requirements attached? ☐ yes ☐ No ☐ Submission of Requirements in Progress.

Names of Other Faculty Members Who are in this Mobility Application:

\_\_\_\_\_

Evaluated By:

\_\_\_\_\_

\_\_\_\_\_

Reviewed by;

Delia B. Senoro, PhD

AVP for ILRAD

Endorsed by:

Lilibeth D. Sabino, PhD

EVPAAs

Approved by:

Dodjie S. Maestrecampo

President and CEO

We, \_\_\_\_\_, Administrators and Officers of the mobility program of Mapua University, Manila, Philippines, hereby certify that all information written above is true and correct to the best of our knowledge. IN WITNESS WHEREOF, I have hereunto affix our above signature this date \_\_\_\_\_ at Manila City, Philippines.

Doc. No.: \_\_\_\_\_

Page No.: \_\_\_\_\_

Book No.: \_\_\_\_\_

Series of \_\_\_\_\_

|                                                                                   |                                                                |                               |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------|
|  | INTERNATIONAL SHORT-TERM OUTBOUND<br>MOBILITY APPLICATION FORM | Document No.: FM-IL-23-02     |
|                                                                                   |                                                                | Effective Date: 01 March 2025 |

Application Number: \_\_\_\_\_

List of Requirements:

| Item No. | Description/Name of Requirements                                                    | Submitted |    |
|----------|-------------------------------------------------------------------------------------|-----------|----|
|          |                                                                                     | Yes       | No |
| 1        | Proof of Course Current Offering                                                    |           |    |
| 2        | Concerned Course Syllabus                                                           |           |    |
| 3        | Student List Enrolled in the Course                                                 |           |    |
| 4        | Proof of Announcement to Students by Designated Faculty or Faculty Adviser          |           |    |
| 5        | Proof of Announcement to Students’ Parents by Designated Faculty or Faculty Adviser |           |    |
| 6        | Itinerary                                                                           |           |    |
| 7        | Risk Assessment and Plan (inclusive of cost-benefit analysis)                       |           |    |
| 8        | Notarized Student Individual Letter of Intent (FM-IL-24-)                           |           |    |
| 9        | Medical Clearance                                                                   |           |    |
| 10       | Medical and Travel Insurance                                                        |           |    |
| 11       | Round trip ticket confirmed/reservation                                             |           |    |
| 12       | Notarized Parents/Guardian Consent (FM-IL-25-)                                      |           |    |
| 13       | Notarized Affidavit of Support (if applicable)                                      |           |    |
| 14       | Passport                                                                            |           |    |
| 15       | Visa (if applicable)                                                                |           |    |
| 16       | Bank Statement for 6 months (if required by the Embassy)                            |           |    |
| 17       | Bank Certificate with average daily balance (if required by Embassy)                |           |    |
| 18       | Proof of Conduct of Pre-departure Orientation Date:                                 |           |    |
| 19       | Approved Travel Order/Authority to Faculty Member/s                                 |           |    |
|          | a)                                                                                  |           |    |
|          | b)                                                                                  |           |    |
|          | c)                                                                                  |           |    |
|          | d)                                                                                  |           |    |

Post-Travel Requirements

Note: These requirements shall be complied upon return. Release of SGE Certificates, and processing of next travel requests are subject to the submission of the post-travel requirements.

| Item No. | Description/Name of Requirements                                                         | Submitted |    |
|----------|------------------------------------------------------------------------------------------|-----------|----|
|          |                                                                                          | Yes       | No |
| 1        | Proof of Post-arrival Briefing (Documentation of the Reflection of Learning Experiences) |           |    |
| 2        | Students’ Travel Journal (Students Travel Assessment Report)                             |           |    |
| 3        | Students’ Feedback (Form FM-IL-03-00)                                                    |           |    |
| 4        | Travel Assessment Report by Faculty                                                      |           |    |
| 5        | RFC has been liquidated (if applicable)                                                  |           |    |
| 6        | Travel Report Submitted (FM-IL-12-01)                                                    |           |    |

Other Notations: \_\_\_\_\_