



## 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: [aaacu.secretariat@gmail.com](mailto:aaacu.secretariat@gmail.com)

### AAACU STUDENT ENRICHMENT PROGRAM APPLICATION FORM

Please complete this Form and submit to AAACU **by postal mail or courier** together with the requirements **NOT LATER THAN 15 June 2026** to:

**THE AAACU SECRETARIAT**

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

The completed Application Form and scanned copies of the requirements may also be sent **IN ADVANCE** by **uploading them using the link below:**

[https://drive.google.com/drive/folders/1FJ56W0nvTRJ3wozdDHIROWgIDlgAH-SR?usp=drive\\_linkvia](https://drive.google.com/drive/folders/1FJ56W0nvTRJ3wozdDHIROWgIDlgAH-SR?usp=drive_linkvia)

OR e-Mail them to [aaacu.secretariat@gmail.com](mailto:aaacu.secretariat@gmail.com) ATTN: Dr. FILMA C. CALALO

**THIS FORM IS FILLABLE IN PDF**

#### PERSONAL INFORMATION

Complete Name of Applicant	<hr/>		
	LAST NAME	FIRST NAME	MI
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date Birth (MM/DD/YY):
Contact Number/s	Home Phone, if any:		Mobile (Country code) + phone number:
Complete Home Address			
	Country:		
Email Address:			
Passport Details	Number:	Date and Place of Issue:	Expiry Date:

**IMPORTANT:** Submit the fully accomplished **SEP Application Form** together with the following requirements:

- Letter of Recommendation from the President of the University or the Dean.
- Transcript of records (or True Copy of Grades) certified by the College Secretary or Registrar.
- Certification of enrollment from the University Registrar.

## SCHOOL INFORMATION

Name of School/University Currently Enrolled In		
Complete Address of School/University		
Contact Number/s	Phone:	Fax:
Degree Course		
Major Field of Specialization		
Year Level		

## OTHER RELEVANT INFORMATION

Name and Address of Contact Person in Case of Emergency	
Relationship to Applicant	

## KEY SKILLS AND RELEVANT ACADEMIC INTERESTS

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## WHAT DO YOU HOPE TO ACHIEVE FROM THE PROGRAMME?

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**I hereby certify that the information provided in this form is complete and accurate.**

\_\_\_\_\_  
**(Signature Over Printed Name of Applicant)**

\_\_\_\_\_  
**Date**