

## Student Admission Application Form

Please Fill-up this form completely

### APPLICATION FOR ADMISSION

Date of Application: \_\_\_\_\_ for Term/SY: \_\_\_\_\_ Temporary ID Number: \_\_\_\_\_

Degree/Program applying for (Please name three, ranked according to your priority):

1. \_\_\_\_\_  Freshman  ETEEAP  Others: \_\_\_\_\_
2. \_\_\_\_\_  Transferee  Second Course or Higher Degree \_\_\_\_\_
3. \_\_\_\_\_  Cross-Enrollee

### PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Name in Native Language Character (Native Name, Nickname or Alias) \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Birth Order: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

How will you be supported in your studies?

- self supporting (working)  parent's full support  supported by relatives / family friends
- scholarship (name of grant): \_\_\_\_\_

### RESIDENCE DATA

#### Permanent Home Address

Apartment Name/House No./Street/Barangay: \_\_\_\_\_

City/Municipality: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Current Contact Address (Baguio Address)

Contact Person/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Apartment Name/House No./Street/Barangay: \_\_\_\_\_

City/Municipality: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

#### Emergency Contact Address (if not same as above)

Contact Person Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Apartment Name/House No./Street/Barangay: \_\_\_\_\_

City/Municipality: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

### PHYSICAL DESCRIPTION

Height (cms): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Other Distinguishing Features: \_\_\_\_\_

Physical Handicap or Disability (if any): \_\_\_\_\_

Serious illness/es or major surgery in the past or at present: \_\_\_\_\_

Built	Eye color	Hair color	Complexion
<input type="checkbox"/> Light	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Fair
<input type="checkbox"/> Medium	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Brown
<input type="checkbox"/> Moderately	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Dark
<input type="checkbox"/> Heavy	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	
<input type="checkbox"/> Heavy	<input type="checkbox"/> Blue	Others: _____	
	Others: _____		

**FAMILY DATA**

**Father's Name:** \_\_\_\_\_

Academic Level/Degree Finished: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_

Company Address: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Academic Level/Degree Finished: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_

Company Address: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Estimated Total Annual Family Income (Php):  Less than 50,000  50,000 - 100,000  100,000 - 300,000  300,000 - 500,000  500,000 - 1,000,000  above 1,000,000

**Brother(s)/Sister(s)**

NAME	DATE of BIRTH	COURSE/OCCUPATION	SCHOOL/COMPANY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Please attach extra sheet if space is not enough)*

**EDUCATIONAL BACKGROUND**

NAME	COURSE / YEAR GRADUATED	HONORS/AWARDS
Elementary: _____ Address: _____	_____	_____
High School: _____ Address: _____	_____	_____
College: _____ Address: _____	_____	_____
Post Graduate: _____ Address: _____	_____	_____
Vocational: _____ Address: _____	_____	_____

**GENERAL INFORMATION**

Languages \_\_\_\_\_

Hobbies \_\_\_\_\_

Sports: \_\_\_\_\_

Skills / Talents: \_\_\_\_\_

Honors/Awards/Merits: (ex "Model Student, 1990") \_\_\_\_\_

Extra Curricular Activities: (Organizations, Club, Volunteer Work, etc.) \_\_\_\_\_

**REFERENCES**

*Write two or three references who are not directly related to you and who can vouch or guarantee for your total behavior*

NAME	ADDRESS/TEL. NOS.
_____	_____
_____	_____

**ALIEN STATUS DATA (for alien/foreign students only)**

Visa Status: \_\_\_\_\_ Authorized Stay: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

ACR No.: \_\_\_\_\_ Date of Issue (mm/dd/yyyy): \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

CRTS No.: \_\_\_\_\_ Date of Issue (mm/dd/yyyy): \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

Cleared by: \_\_\_\_\_ *(Registrar's Office)*

I hereby certify that the above information as provided by me is true and correct.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date

Encoded by: \_\_\_\_\_ Date: \_\_\_\_\_