

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): _____	Built	Eye color	Hair color	Complexion
Other Distinguishing Features: _____	<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
Physical Handicap or Disability (if any): _____	<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	
Serious illness/es or major surgery in the past or at present: _____	<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: _____