



University of Southeastern Philippines
Davao City



ADMISSION APPLICATION FORM

Student Type: Local Foreign

PROGRAM APPLIED FOR: Undergraduate (__ Senior High __ Transferee) ETEEAP Advanced Studies School of Medicine School of Law

PERSONAL INFORMATION (for *Local & Foreign Applicants*)

(for *Foreign Applicants ONLY*)

Last Name:
 First Name:
 Middle Name: Suffix:
 Date of Birth: Place of Birth:
 Gender: Status:
 Citizenship: Religion:
 Present Address:
 Permanent Address:
 Zip Code:
 E-mail Address:
 Contact Number:
 Person with Disability: () Yes () No
 If yes, indicate Disability:
 Member of Indigenous Peoples: () Yes () No
 If yes, indicate tribe:

Name (as written in your native language alphabet)
 Last Name:
 First Name:
 Middle Name:
 Suffix:
 Other Names:

Passport Details
 Passport Number:
 Place of Issue:
 Date Issued:
 Expiry Date:

SCHOLASTIC BACKGROUND (for *Undergraduate Local/Foreign Applicants ONLY*)

Graduate of K-12 curriculum? Yes No
 If yes, Senior High School Track: _____ Strand: _____

FAMILY BACKGROUND

| | Father | Mother |
|------------------|--------|--------|
| Last Name | | |
| First Name | | |
| Middle Name | | |
| Citizenship | | |
| Occupation | | |
| Annual Income | | |
| Living/Deceased? | | |

| Level | Grade Point Average (GPA) / General Average |
|-------------------|---------------------------------------------|
| Grade 11 | |
| College | |
| (for transferees) | |

EDUCATIONAL BACKGROUND

| Level | Name of School | Type of School (Private or Public) | Year Graduated | Degree Program (if applicable) | Address |
|-----------------------------------------------------|----------------|---------------------------------------|----------------|-----------------------------------|---------|
| Elementary | | | | | |
| Jr. High School (High School for OLD Curriculum) | | | | | |
| Sr. High School (if applicable) | | | | | |
| Vocational/Trade Course (if applicable) | | | | | |
| Bachelor's Degree (if applicable) | | | | | |
| Graduate Degree (if applicable) | | | | | |

COURSE/PROGRAM INFORMATION

Note: Identify THREE (3) preferences for **Undergraduate** Applicants,

ONE (1) for **ETEEAP, Advanced Studies, School of Medicine, School of Law** Applicants

PERSON TO CONTACT IN CASE OF EMERGENCY

| | Preference #1 | Preference #2 | Preference #3 |
|---------|---------------|---------------|---------------|
| Program | | | |
| Major | | | |
| Campus | | | |

Name:

Relationship:

Address:

Contact Number:

Academic year applied for:

Selected Testing Center (for Undergraduate):

DATA PRIVACY CONSENT

I have read the University of Southeastern Philippines' Data Privacy Statement and hereby allow the University to collect, use, process and store my personal information through its official channels for legitimate purposes. I affirm my fundamental right to privacy and my constitutional data privacy rights as stated in the Republic Act No. 10173 of the Philippines. This consent is hereby given on the guarantee that these rights shall be upheld at all times. I hereby certify to the correctness of the above information and that I have understood and voluntarily affixed my signature hereto.

Applicant's Signature over Printed Name