

University of Southeastern Philippines Davao City

PASSPORT-SIZE ID PICTURE W/ NAME TAG

ADMISSION APPLICATION FORM

				n Advanced Studies			
PERSONAL INFORMATION				(for Foreign Applicants ONLY)			
Last Name:		,	Name (as written in your native language alphabet)				
First Name:			Last Name:				
Middle Name: Suffix:			First Name:				
Date of Birth: Place of Birth:		Middle Name:					
Gender: Status:			Suffix:				
Citizenship:			Other Names:				
Present Address:			Passport Details				
Permanent Address:			Passport Number:				
Zip Code:			Place of Issue:				
E-mail Address:			Date Issued:				
Contact Number:							
			Expiry Date:				
Person with Disability: () Yes () No			SCHOLASTIC BACKGROUND (for Undergraduate Local/Foreign Applicants ONLY)				
If yes, indicate Disability:			Graduate of K-12 curriculum? □ Yes □ No				
Member of Indigenous Peoples: () Yes () No If yes, indicate tribe: FAMILY BACKGROUND			If yes, Senior High School Track: Strand:				
			Level	Grade Point Average (GPA) / General Average			
			Grade 11				
	Father Moth	er	College				
Last Name			(for				
First Name			transferees)				
Middle Name							
Citizenship			†]				
Occupation			† -				
Annual Income			† -				
Living/Deceased?			1 -1				
	EDUCA		AL BACKGROUND)			

Level Name of School Type of School (Private or Public) Year Graduated Degree Program (if applicable) Address Elementary										
Jr. High School Image: School for OLD Curriculum) Sr. High School Image: School for OLD Curriculum) Sr. High School Image: School for OLD Curriculum) Vocational/Trade Course (if applicable) Image: School for OLD Curriculum) Vocational/Trade Course (if applicable) Image: School for OLD Curriculum) Bachelor's Degree (if applicable) Image: School for OLD Curriculum) Graduate Degree (if applicable) Image: School of Medicine, School of Law Applicants, ONE (I) for ETEEAP, Advanced Studies, School of Medicine, School of Law Applicants ONE: Identify THREE (3) preference #1 Preference #2 Preference #1 Preference #3 Relationship: Address: Campus Image: Curriculum Major Image: Curriculum Campus Image: Curriculum Academic year applied for: Image: Curriculum		Level	Name of School	(Private or			Address			
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Graduate Degree (if applicable) Image: 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 Net: Note: Identify THREE (3) preference #1 Preference #2 Preference #3 Program Image: Name: Relationship: Address: Contact Number: Name: Relationship: Address: Contact Number: Campus Image: Name:	Bachelor	s Degree								
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Program Address: Major Address: Campus Contact Number:		Preference #1	Preference #2	Preference #3						
Major Campus Contact Number: Academic year applied for: Contact Number:	Program				Relationship:					
Campus Academic year applied for:	Major				Address:					
	Campus				Contact Number:					
Selected Testing Center (for Undergraduate):	Academic y	Academic year applied for:								
	-	Selected Testing Center (for Undergraduate):								
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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