

## 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			<b>†</b> ]				
Occupation			<b>†</b> -				
Annual Income			<b>†</b> -				
Living/Deceased?			<del>1</del> -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			
(High School for OLD Curriculum)   Image: School of OLD Curriculum)   Image: School of OLD Curriculum)     Sr. High School (if applicable)   Image: School of OLD (if applicable)   Image: School of OLD (if applicable)     Bachelor's Degree (if applicable)   Image: School of OLD (if applicable)   Image: School of OLD (if applicable)     Graduate Degree (if applicable)   Image: School of Medicine, School of Law Applicants   Image: School of Medicine, School of Law Applicants     ONE: Identify THREE (3) preferences for Undergraduate Applicants. ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law Applicants   Preference #1     Preference #1   Preference #2   Preference #3 Program     Major   Image: School of Medicine, School of Law Academic year applied for:   Name: Relationship: Address: Contact Number:	Elementa	ry								
Curriculum)   Image: Sr. High School     Sr. High School   Image: Sr. High School     (if applicable)   Image: School of Law     Vocational/Trade Course   Image: School of Medicine, School of Law     (if applicable)   Image: School of Medicine, School of Law     Bachelor's Degree   Image: School of Medicine, School of Law     (if applicable)   Image: School of Medicine, School of Law     ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law   Name:     Note: Kentify THREE (3) preference #1   Preference #2   Preference #3     Program   Image: School of Medicine, School of Law   Address:     Campus   Image: School of for:   Contact Number:	Jr. High S	School								
(if applicable)   Image: School of Medicine, School of Law Applicants.     (if applicable)   Image: School of Medicine, School of Law Applicants.     ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law Applicants   Name: Relationship: Address: Contact IN CASE OF EMERGENCY     Program   Image: Relationship: Address: Contact Number:										
Vocational/Trade Course (if applicable)   Image: Course (if applicable)     Bachelor's Degree (if applicable)   Image: Course (if applicable)     Graduate Degree (if applicable)   Image: Course (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     Program   Image: Course (Image: Course (Imag	Sr. High S	School								
(if applicable)   Image: Second State St	(if applica	ble)								
Bachelor's Degree   Image: Second S	Vocationa	al/Trade Course								
(if applicable)   Image: School of Medicine, School of Law Applicants,   Image: School of Medicine, School of Law Applicants,     ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law Applicants   Person to contact in case of EMERGENCY     Image: Name:   Relationship:     Program   Image: Name:     Major   Image: Name:     Campus   Image: Name:     Academic year applied for:   Image: Name:	(if applica	ble)								
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								
(if applicable)   Image: Course/PROGRAM INFORMATION     Note: Identify THREE (3) preferences for Undergraduate Applicants,   PERSON TO CONTACT IN CASE OF EMERGENCY     ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law   Person TO CONTACT IN CASE OF EMERGENCY     Program   Name:     Major   Image: Contact Number:     Campus   Image: Contact Number:     Academic year applied for:   Image: Contact Number:	(if applica	ble)								
COURSE/PROGRAM INFORMATION     Note: Identify THREE (3) preferences for Undergraduate Applicants,     ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law     Applicants     Preference #1   Preference #2     Preference #1   Preference #3     Major   Address:     Campus   Academic year applied for:	Graduate	Degree								
Note: Identify THREE (3) preferences for Undergraduate Applicants,   PERSON TO CONTACT IN CASE OF EMERGENCY     ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law   Maior     Program   Preference #1   Preference #2   Preference #3     Major   Image: Campus   Address:   Address:     Campus   Image: Campus   Image: Contact Number:   Contact Number:	(if applica	ble)								
ONE (1) for ETEEAP, Advanced Studies, School of Medicine, School of Law   Preference #1   Preference #2   Preference #3     Program   Image: Compusition of the second se	COURSE/	PROGRAM INFO	RMATION			•				
Applicants Name:   Preference #1 Preference #2 Preference #3   Program Image: Compusition of the second s	Note: Identify	Note: Identify THREE (3) preferences for Undergraduate Applicants,			PERSON TO CONTACT IN CASE OF EMERGENCY					
Program Preference #1 Preference #2 Preference #3   Major Image: Campus Image: Campus defension of the second defe										
Program Preterence #1 Preterence #2 Preterence #3   Major Address:   Campus Campuid for:	Applicants	Applicants								
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