



**University of Southeastern Philippines**  
Office of the University Registrar

PASSPORT-SIZE ID  
PICTURE W/ NAME  
TAG

**UNDERGRADUATE STUDENT PERSONAL INFORMATION SHEET**

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)
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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:

**FAMILY BACKGROUND**

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

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

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

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*

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

Academic year applied for:  
Selected Testing Center (for Undergraduate):

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name:  
Relationship:  
Address:  
Contact Number:

**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.

\_\_\_\_\_  
Student's Signature over Printed Name

**WE BUILD DREAMS WITHOUT LIMITS**

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