

## **University of Science and Technology of Southern Philippines**

Cagayan de Oro Campus

Form No. AS-QF-03

## COLLEGE ADMISSION APPLICATION

To be filled out by Ad	lmission Staff	•						
Application No. Examination Date:								
Applicant Category: [ ] Grade 12 SHS [ ] College Transferee [ ] High			igh School Gradu	n School Graduate of Old BEC			2 x 2 ID Picture with White	
Date Filed:		School Year:	[ ] First Seme	ester	[ ] Second Semester	Backgrou		
Program Applied: First Choice:  Second Choice: Instructions: PLEASE WRITE LEGIBLY. DO NOT ABBREVIATE.				Documents Submitted:  □ Form 138/Report Card  □ Transcript of Records  □ Honorable Dismissal  Others:		<b>0</b>		
If item is not applicable, indicate N/A.								
Personal Information								
Last News					Middle Name Ext. Name			
Last Name Permanent Address:		First Name			Wildlie Name Lat. Name			
	Block/Lot	Street Barangay		City/Municipali	ity	Province		
Age: Date of Birth (mm/dd/yyyy):/ Place of Birth:								
Sex: [ ] Male [ ] Female Civil Status: Nationality:					Religion:			
Mobile No.:		Tel. No.:		Email Address:				
If Married, Name of Spouse					Contact Number:			
	pouse	Educa	tional Bac	kground	ontage Hamber			
Junior High School /High	n School Old BE	C(Write in Full):			Year Com	pleted/Graduated:		
Complete School Address:					Honors/Awards:			
Senior High School (Write in Full):					Year Graduated:			
SHS Track & Strand (W					Teal Glad	uateu.		
Complete School Address:					Honors/Awards:			
If Transferee/Second Courser  Last School Attended:					Course:			
Complete School Address:					Last School Year Attended:			
Family Background								
Father's Name: Contact Number:								
Complete Address:								
Employment: Position:								
Father's Monthly Income: 3,000 and below 3,100 - 10,000 10,100 - 20,000 20,100 - 30,000 30,100 and above								
Mother's Name:					Contact Number:			
Complete Address:								
Employment: Position:								
Mother's Monthly Income: ☐ 3,000 and below ☐ 3,100 - 10,000 ☐ 10,100 - 20,000 ☐ 20,100 - 30,000 ☐ 30,100 and above								
If not living with parents:								
Guardian's Name: Relationship: Contact Number:								
Complete Address:								
No. of Siblings: Guardian's Monthly I	псоте: Пз	No. of siblings studying in; Elementa, 000 and below 3,100 - 10,000		High Sch:	Sr. High Sch: 30,100 3	College: 0,100 and above		
-		formation given is true and correct.				,,		
Signature over Printed Name  Verified b								
					Admission Staff			
			Version 2			Page 1 of 1		