



# College Application Form

SCHOOL YEAR 20\_\_ - \_\_ \_\_\_\_\_ TERM

LAST NAME

FIRST NAME

MIDDLE NAME

ENTRANCE CATEGORY : PLEASE CHECK [ ✓ ] ONE

Freshman Student

Transferee

Second Undergraduate Degree Student

staple (3) 2" x 2" pictures here

COURSE APPLIED FOR:

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

**DO NOT FILL OUT FOR DLSU-CANLUBANG USE ONLY**

**DOCUMENTS SUBMITTED:**

- Certified True Copy of Secondary School Records (year 1 to 1<sup>st</sup> Quarter of Year IV)
- Two (2) Recommendations
- Three (3) 2x2 identical photographs.
- Photocopy of passport for foreign applicants
- Transcript of records for transferees
- Course description and grading system for transferees
- Photocopy of Birth Certificate\*
- Alien Certificate of Registration (ACR) for foreign applicants
- SSP / Student Visa for foreign applicants

*\*Note: Please bring the original copies of the aboved documents for verification*

## PERSONAL INFORMATION

DATE OF BIRTH

month

day

year

PLACE OF BIRTH

AGE

GENDER

NATIONALITY

CITIZENSHIP

RELIGION

CIVIL STATUS

COMPLETE HOME ADDRESS

No.

Street Name

Village / Subdivision

Barangay

Town

City

Zip Code

COMPLETE PROVINCIAL ADDRESS

No.

Street Name

Village / Subdivision

Barangay

Town

City

Zip Code

TELEPHONE NUMBER



MOBILE PHONE NUMBER

E-MAIL ADDRESS



**FAMILY INFORMATION**

**FATHER**

**MOTHER**

NAME		
NATIONALITY		
HIGHEST EDUCATIONAL ATTAINMENT		
NATURE OF BUSINESS		
NAME OF COMPANY		
COMPANY ADDRESS		
POSITION		
OFFICE NO/S.		
FAX NO.		
MOBILE NO.		
EMAIL ADDRESS		

**NAME OF SIBLINGS**

NAME	GR./YR. LEVEL /OCCUPATION	SCHOOL /EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS FATHER OR MOTHER AN ALUMNUS/ALUMNA OF ANY DE LA SALLE SCHOOL?  YES  NO

IF YES, WHICH LA SALLE SCHOOL ? \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

**FINANCIAL DETAILS**

**Who will be responsible for the payment of tuition and fees?**

Parents  Educational Plan, pls. specify \_\_\_\_\_

Other Family Members  Parent's Company Benefit, pls. specify \_\_\_\_\_  
 (Grandparents, Uncle, Aunt, Brother, Sisters, etc.) Scholarship, pls. specify \_\_\_\_\_

*Please check your Gross Annual Family Income*

IM and above  999,000 -700,000K  699,000 – 400,000K  399,000 – 100,000K  100,000K - below

**Incase of emergency, if unable to contact parent, who to contact?**

Name:	Relationship:
Address:	
Telephone / Mobile Phone Numbers:	

**OTHER INFORMATION**

**How did you find out about the school?**

Referral  Streamers  Print Ads  Website  Others \_\_\_\_\_

I DECLARE THAT THE INFORMATION IN THIS APPLICATION FORM IS TRUE AND CORRECT

\_\_\_\_\_  
 Name & Signature of person filling in this form

Relationship to applicant \_\_\_\_\_

Date Filed \_\_\_\_\_

## EDUCATIONAL HISTORY

GRADE SCHOOL	NAME AND ADDRESS OF SCHOOL	SCHOOL YEAR ATTENDED
Grade (s): 1		
2		
3		
4		
5		
6		
7		

HIGH SCHOOL	NAME AND ADDRESS OF SCHOOL	SCHOOL YEAR ATTENDED
Year I		
II		
III		
IV		

COLLEGIATE	NAME AND ADDRESS OF SCHOOL	COURSE	SCHOOL YEAR ATTENDED
Year I			
II			
III			
IV			

### FOR TRANSFEREES AND SECOND UNDERGRADUATE DEGREE APPLICANTS

NAME OF COLLEGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

GRADUATED  YES  NO CERTIFICATE/DIPLOMA/DEGREE EARNED \_\_\_\_\_

IF NO, SEMESTER LAST ATTENDED \_\_\_\_\_

## HONORS / AWARDS RECEIVED

TITLE	DATE	PLACE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NAME	ADDRESS	PERIOD OF MEMBERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____