



STUDENT INFORMATION SHEET

Please encode all entries using Adobe Acrobat Reader.

I. PERSONAL INFORMATION

Name _____ Student No. _____
Permanent Mailing Address _____ Postal Code _____
Email Address _____
Home Phone No. _____ Mobile No. _____
Program of Studies (Course) _____ Year Level _____ Current Term/AY _____
Sex _____ Civil Status: _____ Citizenship _____
Date of birth _____ Place of Birth _____
Classification: Please check [X] () Freshman () Transferee () Degree holder () Cross enrollee () Returnee

II. EDUCATIONAL BACKGROUND

Table with 5 columns: Educational level, Name of School, School Address, Inclusive Years, Date of Graduation. Rows include Elementary, Junior High School, Senior High School, College, Graduate, Post Graduate, School last attended.

III. INFORMATION ABOUT FAMILY

Father's Name _____ Date of birth _____
Mother's Maiden Name _____ Date of birth _____
Guardian's Name _____ Date of birth _____
Spouse's Name _____ Date of birth _____

I certify that the information given herein is correct and complete. I authorize the University to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase and destruct my personal data as deemed necessary.

Signature of Student / Date _____ Signature over Printed Name of Parent /Guardian / Date (if student is a minor) _____

Note: This accomplished form should be submitted upon the submission of enrolment requirements to the Office of the University Registrar.