



CENTRAL PHILIPPINE UNIVERSITY
Iloilo City Philippines

APPLICATION FOR ADMISSION OF OVERSEAS STUDENTS

(Please return this Application Form duly accomplished to the Office of the Registrar, Central Philippine University attaching the required documents.)

1. Name: _____ Citizenship _____
(Last Name) (First Name) (Middle Name)
2. Date of Birth : _____ Place of Birth: _____
(Mo.) (Day) (Year)
3. Home Address: _____
4. Mailing Address: _____ Tel. No. _____
5. Civil Status: _____ Sex: _____ Religious Affiliation: _____
6. Medium of instruction used in school last attended: _____
7. Educational Preparation:

Level	Name of School	Place	Sch. Year Attended	Date of Graduation
Elementary				
Secondary				
Collegiate				
Graduate				

8. Degree program desired (please check):

- | | |
|--|--|
| <input type="checkbox"/> B.S. in Agriculture | <input type="checkbox"/> B.S. in Hotel & Restaurant Management |
| <input type="checkbox"/> B.S. in Agricultural Engineering | <input type="checkbox"/> Bachelor of Science in Tourism |
| <input type="checkbox"/> Bachelor of Arts, major in: | <input type="checkbox"/> B.S. in Chemical Engineering |
| ___ English | <input type="checkbox"/> B.S. in Civil Engineering |
| ___ History | <input type="checkbox"/> B.S. in Electrical Engineering |
| ___ Political Science | <input type="checkbox"/> B.S. in Mechanical Engineering |
| ___ Psychology | <input type="checkbox"/> B.S. in Electronics & Communications Eng'g. |
| ___ Mass Communication | <input type="checkbox"/> B.S. in Software Engineering |
| ___ Psychology | <input type="checkbox"/> Bachelor of Science in Nursing |
| ___ Sociology | <input type="checkbox"/> Bachelor of Theology |
| <input type="checkbox"/> Bachelor of Science, major in: | <input type="checkbox"/> Doctor of Education |
| ___ Biology | <input type="checkbox"/> Master of Arts in English |
| ___ Mathematics | <input type="checkbox"/> Master of Arts in education |
| <input type="checkbox"/> Bachelor of Science in Chemistry | <input type="checkbox"/> Master in Business Administration |
| <input type="checkbox"/> BS in Medical Technology | <input type="checkbox"/> Master of Science in Guidance & Counseling |
| <input type="checkbox"/> BS in Social Work | <input type="checkbox"/> Master in Nursing |
| <input type="checkbox"/> BS in Commerce, major in | <input type="checkbox"/> Master of Arts in Nursing |
| ___ Finance | <input type="checkbox"/> Master of Science in Social Work |
| ___ Economics | <input type="checkbox"/> Master of Arts in Teaching Agriculture |
| ___ Management | <input type="checkbox"/> Master of Divinity |
| ___ Entrepreneurship | <input type="checkbox"/> Master of Ministry |
| ___ Marketing | <input type="checkbox"/> Master of Engineering |
| ___ Management Acctg. | <input type="checkbox"/> Master of Arts in Sociology |
| <input type="checkbox"/> B.S. in Accountancy | <input type="checkbox"/> Master in Agricultural Economics |
| <input type="checkbox"/> B.S. in Computer Science | <input type="checkbox"/> Master in Public Administration |
| <input type="checkbox"/> Bach. of Information Science & Mgt. | |
| <input type="checkbox"/> B.S. in Information Technology | |
| <input type="checkbox"/> Bachelor of Secondary Educ. | |
| <input type="checkbox"/> Bachelor of Elementary Educ. | |
| <input type="checkbox"/> B.S. in Nutrition & Dietetics | |

9. Parent or Guardian: _____ Address: _____

10. Person/Organization responsible for applicant's educational expenses: _____

I certify that the above information is true and correct.

Date

Signature of the Applicant