

APPLICATION FOR ADMISSION
ACADEMIC YEAR _____

Name _____
(Family) (First) (Middle)

(Do not fill this box)

1. Application no _____ 2. Issued _____ 3. Amount paid _____
A. GWA _____ B. Interview _____ C. NMAT _____
Date filed: _____

ATTACH A RECENT
2" X 2"
PHOTOGRAPH
HERE

I. Personal Information: *(Please type or print in ink)*

School last attended: _____ Course: _____ Date of Graduation: _____

Age: _____ Gender: _____ Civil Status: _____ Religion: _____

Place of Birth: _____ Date of Birth: _____

Citizenship: Filipino
 Natural-born
 Naturalized (attach supporting papers)
 Others (pls. specify) _____

Home Address: _____

Present Mailing Address: _____

Country: _____ Postal Zipcode: _____

Telephone No. / CP: _____ Email address: _____

II. Educational Background: *(List of all the schools you have attended or are attending)*

School / Location	Inclusive date of attendance	Certificate / Degrees earned or course currently enrolled in	Date Certificate/ Degree received

Is this the first time you are applying for admission to a medical school? YES NO If not, where, when, (year/s) did you apply, and what happened to your application(s)?

Are you concurrently applying for admission to a medical school other than UC School of Medicine? If yes, at what medical school(s)?

S C H O O L O F M E D I C I N E

III. Family Background:

A. Parents (*Indicate if deceased*)

Father: _____ Occupation: _____

Address: _____ Telephone /CP: _____

Mother: _____ Occupation: _____

Address: _____ Telephone /CP: _____

B. Person supporting you other than your parents

Name: _____ Occupation: _____

Address: _____ Telephone / CP: _____

C. Guardian (*If any*)

Name: _____ Occupation: _____

Address: _____ Telephone / CP: _____

D. Person responsible for you in the city if you are not residing with either your parents or guardian

Name: _____ Occupation: _____

Address: _____ Telephone / CP: _____

IV. Personal Views

A. Why do you want to be a medical doctor?

B. What can you say about your family?

C. What special talent or skill can you contribute to UC College of Medicine?

APPLICANT'S CERTIFICATION

I hereby certify on my honor that all the information herein contained is true and correct and that I am not currently enrolled in any medical school, otherwise my application for entrance in this university will be rendered invalid.

Signature of Applicant