**APPLICATION FOR ADMISSION**

 **ACADEMIC YEAR 2021-2022**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACH A RECENT

2” X 2”

PHOTOGRAPH

HERE

 *(Family) (First) (Middle)*

*(Do not fill this box)*

1. Application no\_\_\_\_\_\_\_\_ 2. Issued \_\_\_\_\_\_\_\_\_\_\_\_ 3. Amount paid \_\_\_\_\_\_\_\_\_\_\_\_\_

A. GWA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. Interview \_\_\_\_\_\_\_\_\_ C. NMAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_

**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)?

**III. Family Background:**

1. Parents *(Indicate if deceased)*

Father: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Telephone /CP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Telephone /CP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Person supporting you other than your parents**

Name: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Telephone / CP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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**

1. Why do you want to be a medical doctor?
2. What can you say about your family?
3. 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