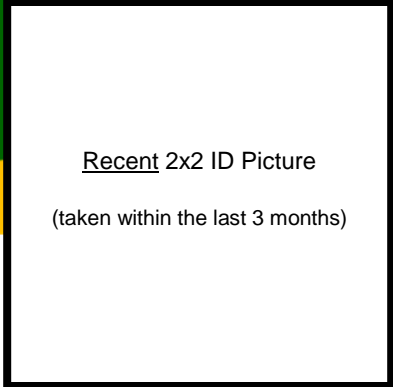




St. Paul University Iloilo

General Luna Street, Iloilo City 5000



APPLICATION FORM FOR COLLEGE

Status: Regular Transferee (Year Level: ___)

Complete Name:

Last Name Given Name Middle Name

Home Address: _____

Last School Attended: _____

SHS Strand: _____ Contact Number/s: _____ Sex: Male Female

Is it your first time to apply for admission to St. Paul University Iloilo? Yes No

If accepted, will you definitely enroll at St. Paul University Iloilo? Yes No

PREFERRED COURSE:

First Choice : _____

Second Choice : _____

COLLEGE OF ARTS, SCIENCES, AND EDUCATION

- BS Biology
- BS Psychology
- AB Communication
- AB English Language
- Bachelor of Special Needs Education
 - Generalist
 - With Specialization in Elem. School Teaching
- Bachelor of Secondary Education
 - major in English/Filipino/Science
- Bachelor of Elementary Education
- Professional Education Program
(for Non-Education Students and/or Professional)

COLLEGE OF BUSINESS AND INFORMATION TECHNOLOGY

- BS Accountancy
- BS Business Administration
 - major in Finance Management
 - major in Marketing Management
 - major in Operations Management
 - major in Human Resource Management
- BS Information Technology

COLLEGE OF HOSPITALITY MANAGEMENT

- BS Hospitality Management
- BS Tourism Management
- BS Nutrition and Dietetics

COLLEGE OF NURSING

- BS Nursing

COLLEGE OF PHYSICAL THERAPY

- BS Physical Therapy

REQUIREMENTS

To take the Entrance test

- An accomplished application form from the Guidance Office
- 2 pcs. 2x2" ID picture
- White long folder
- Receipt of payment for the testing fee (₱500.00)

For enrolment:

- Certificate of Good Moral Character
- NSO-authenticated Birth Certificate (photocopy)
- Baptismal certificate (photocopy)
- Letter of Recommendation
- Form 138 / Latest Report Card
- 2x2" ID picture (2 pcs.)
- OK slips from Guidance, Clinic and respective Department

Additional for TRANSFEREES

- Honorable Dismissal
- Copy of Grades

Additional for FOREIGN STUDENTS

- Alien Certificate of Registration
- Passport (photocopy)

APPLICATION PROCEDURE:

1. Secure and accomplish an application form, place it in a white long folder and submit this to the Guidance Services Center.
2. Pay the application and testing fee at the Finance Office.
3. Present your receipt to the Guidance Services Center so you can be issued an examination permit.
4. Take the entrance examination as scheduled, and then wait for your results. Your examiner will inform you of the schedule of releasing of results.



Individual Inventory Form

I. Personal Profile

Name: _____ ID Number: _____

Nickname: _____ Sex: Male Female Date of Birth: _____

Age: _____ Birth Order: _____ Place of Birth: _____

Permanent Address: _____

Current Address: _____

Cell Phone: _____ Landline: _____ Email: _____

Language/Dialects: _____

Religion from birth: _____ Current Religion: _____

II. Family Background

	FATHER	MOTHER
Name	: _____	_____
Address	: _____	_____
Contact No.	: _____	_____
Citizenship	: _____	_____
Nationality	: _____	_____
Religion	: _____	_____
Date of Birth & Age	: _____	_____
Place of Birth	: _____	_____
Educational Attainment	: _____	_____
Occupation	: _____	_____
Company/Workplace	: _____	_____
Workplace Address	: _____	_____

Will you be living with your parents during the school year? Yes No

If not, please indicate the following:

Guardian's Name: _____ Relation: _____

Address of Guardian: _____ Contact Number: _____

Birth Order: Eldest Youngest Only Child Middle Child (If middle child, specify order: _____)

Brothers and Sisters	Age	School / Workplace
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT INFORMATION

- Living together Temporarily Separated Father with another partner
- OFW Father Permanently Separated Mother with another partner
- OFW Mother Marriage annulled Deceased parent/s

LIVING ARRANGEMENT INFORMATION

- Living with parents
- Living with relatives
 - ___ grandparents (___ mother's side / ___ father's side)
 - ___ aunt ___ uncle (___ mother's side / ___ father's side)
 - ___ other relatives, please specify: _____
- Dorm / Apartment / Boarding House
- Others, please specify: _____

III. Educational Background

Grade/ Year Level	School	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors/ Awards / Scholarships Received: _____

Hobbies / sports / special talents: _____

Clubs / organizations: _____

Have you failed in any subject(s)? If yes, specify which subject, date and reason. Yes No

Have you ever been on probation? If yes, specify the reason. Yes No

IV. Health Information

Disabilities/Impairment: _____

Chronic Illnesses: _____

Medicines Regularly Taken: _____

Accidents experienced: _____

Operations experienced: _____

Have you consulted a psychologist/psychiatrist before? No Yes

If yes, when and why?

Physician Name and Contact No.: _____

Signature