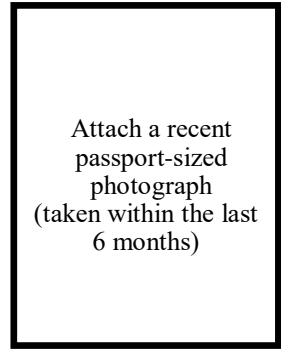




BATANGAS STATE UNIVERSITY
The National Engineering University
Testing and Admission Office

Application Number: _____



APPLICATION FORM
FOR GRADUATE SCHOOL/ PROFESSIONAL EDUCATION UNITS/
COLLEGE OF LAW/ COLLEGE OF MEDICINE ADMISSION

To the Applicant

- Fill out this application form properly and completely. Write N/A on fields that are not applicable and do not leave any blank spaces.

Pursuant to Republic Act No. 10173, also known as the Data Privacy Act of 2012, the Batangas State University, the National Engineering University recognizes its commitment to protect and respect the privacy of its customers and/or stakeholders and ensure that all information collected from them are all processed in accordance with the principles of transparency, legitimate purpose and proportionality mandated under the Data Privacy Act of 2012.

APPLICANT'S INFORMATION

Last Name

First Name

Middle Name

Address

_____ *Zip Code*

Date of Birth _____ *Sex* _____ *Civil Status* _____ *Age* _____

Religion _____ *Nationality* _____ *Ethnicity* _____

Mobile Number _____ *Landline Number* _____

Email Address

EDUCATIONAL INFORMATION

Program Applying for: _____

Semester: *First Semester* *Second Semester* *Midterm* *Academic Year:* _____

- Local Admission**
- Foreign National**

To be filled out by TAO representative, if Foreign Application:

Is the applicant qualified based from the interview of the External Affairs Office and the admitting College?

- Yes**
- No**

Date of Endorsement: _____

A. UNDERGRADUATE			
DEGREE EARNED	COLLEGE / UNIVERSITY	MAJOR	YEAR GRADUATED

B. GRADUATE			
UNITS/ DEGREE EARNED	COLLEGE / UNIVERSITY	MAJOR	YEAR GRADUATED

RECORDS OF EMPLOYMENT

INCLUSIVE DATES		POSITIONS HELD	OFFICE / AGENCY and ADDRESS
FROM	TO		



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HONORS / AWARDS / SCHOLARSHIP RECEIVED OR EARNED

NAME OF HONORS / AWARDS / SCHOLARSHIP	NAME OF GRANTOR	DATE RECEIVED

REFERENCES: THREE (3) PERSONS WHO CAN VOUCH FOR THE APPLICANT

NAME	OFFICE ADDRESS	POSITION	CONTACT NUMBER

To be filled out by COLLEGE OF LAW applicants ONLY:

ADDITIONAL INFORMATION		
Have you previously enrolled in another law school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what school? _____		
Are you currently enrolled in another law school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what school? _____		
Reason for transfer or plan to leave your present law school:		
CRIMINAL OR ADMINISTRATIVE CHARGE		
Have you ever been charged with, or convicted of an offense in any criminal or administrative case?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state the particulars:		

To be filled out by COLLEGE OF MEDICINE applicants ONLY:

ADDITIONAL INFORMATION		
Person responsible for you in the city if you are not residing with either your parents or guardian.		
Name:	Occupation:	
Address:	Telephone Number (Mobile/Landline):	
Is this the first time you are applying for admission to a medical school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what school? _____		
<i>For applicants with Board Courses:</i>		
Have you taken and passed the board exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when did you take it and what board exam is it? _____		
NOTE: ALL APPLICANTS for admission to Batangas State University are REQUIRED to sign a RETURN SERVICE AGREEMENT (RSA) with his/her parent(s)/guardians as co-signatories.		



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OTHER INFORMATION

Are you the first member in the family to apply for Graduate School/Professional Education Units/College of Law/College of Medicine?
 Yes No

Is your family a recipient of the 4Ps Program of the government?
 Yes No

Are you a member of any indigenous group?
 Yes No If yes, please identify: _____

Are you a member of LGBTQIA+?
 Yes No Prefer not to say

Are you an internally displaced person?
 Yes No If yes, please provide some details: _____

Are you a person with disability?
 Yes No If yes, please identify: _____

Are you a child of a solo parent?
 Yes No

Estimated Monthly Family Income:
 Less than Php 10,957
 Php 10,957 to less than Php 21,914
 Php 21,914 to less than Php 43,828
 Php 43,828 to less than Php 76,699
 Php 76,699 to less than Php 131,484
 Php 131,484 to less than Php 219,140
 Php 219,140 and above

PARENTAL INFORMATION

<i>Mother's Maiden Name</i>	<i>Age</i>	<i>Occupation</i>	<i>Contact Number</i>
<i>Father's Name</i>	<i>Age</i>	<i>Occupation</i>	<i>Contact Number</i>

SIBLING/S INFORMATION

FULL NAME <small>(Last Name, First Name, Middle Initial)</small>	AGE	HIGHEST EDUCATIONAL ATTAINMENT <small>(e.g. Elementary, High School, College)</small>	SCHOOL	YEAR GRADUATED

CERTIFICATION

I hereby certify that all information provided herein is complete and accurate. Misrepresentation, falsification and any form of dishonesty committed in relation to my application shall be sufficient grounds for my disqualification from admission to BatStateU.

Signature of applicant: _____
Date Signed: _____

To be filled out by College/ Department only:

Recommended for :

Graduate School Admission Test

Law School Admission Test

Psychological Test (for College of Medicine)

Signature over Printed Name of Dean/ Department Chair: _____
Date of Endorsement: _____

To be filled out by TAO Personnel only:

Official Receipt No.: _____
Scheduled Date of Test: _____
Scheduled Time: _____
Campus Applied for: _____
Examination Venue: _____
Room Assignment: _____
Date of Filing of Application: _____
Name of Evaluator/Reviewer: _____
Name and Signature of Examiner: _____