



# CENTRO ESCOLAR UNIVERSITY

## SCHOOL OF MEDICINE

### MANILA

### INSPIRING THE BEST IN YOU

1.5 x 1.5 inches  
I.D. Picture  
(1 pc.)

## APPLICATION FOR ADMISSION

### ENTRY STATUS:

Regular Student   
  Transfer Student   
  Foreign Student

NMAT Score: \_\_\_\_\_ Application Code: \_\_\_\_\_

Student No. \_\_\_\_\_

### READ THE INSTRUCTIONS CAREFULLY

1. Fill out this form in PRINT (blue/black ink).
2. Submit fully accomplished form and bring the requirements (see check list at the lower back) to the designated examination room.

### REQUIREMENTS FOR ADMISSION

- FOR FILIPINO STUDENT APPLICANTS**
1. 1.5 x 1.5 inches I.D. Pictures (2 pcs.)
  2. Filled out Application for Admission Form

- FOR FOREIGN STUDENT APPLICANTS**
- (Resident Alien)
1. I-card
  2. 1.5 x 1.5 inches I.D. Pictures (2 pcs.)
  3. Filled out Application for Admission Form

- (Non-resident Alien)
1. 1.5 x 1.5 inches I.D. Pictures (2 pcs.)
  2. Police Clearance
  3. Photocopy of Passport
  4. Filled out Application for Admission Form

### PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Nickname:		Birthdate (MM/DD/YYYY):		Religion:	
Citizenship:		For Foreign Applicants:		Gender:	
<input type="checkbox"/> Filipino <input type="checkbox"/> Dual (Please specify):		<input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien Country of Citizenship:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Civil Status:		Mobile Phone No.:		Email Address:	

### ADDRESS (Preferred Mailing Address: City Address Provincial Address)

City Address:		Zip Code:	Telephone No.:
Provincial Address:		Zip Code:	Telephone No.:

### FAMILY INFORMATION

#### FATHER

Name:		Educational Attainment:		Degree:		Year Graduated:	
Occupation:		Company/Employer:		Monthly Income:		Contact Number/Address:	

#### MOTHER

Name:		Educational Attainment:		Degree:		Year Graduated:	
Occupation:		Company/Employer:		Monthly Income:		Contact Number/Address:	

#### Parents are:

Living Together   
  Father/Mother Working Abroad   
  Separated   
  Father/Mother Deceased   
  Other Situation \_\_\_\_\_

#### GUARDIAN

Name:		Educational Attainment:		Degree:		Year Graduated:	
Occupation:		Company/Employer:		Monthly Income:		Contact Number/Address:	

#### Living Arrangement:

With Parents   
  With Stepfather/Stepmother   
  With relatives   
  In a Boarding House/Dormitory/Apartment   
  With Guardian

#### If Married:

With Parents/Parents-in-Law   
  With Spouse (on your own)   
  Others (pls. specify) \_\_\_\_\_

Siblings	Age	School	School Address

#### Relatives Now Enrolled/Graduated at CEU

Name	Relation	Course	Year

**ACADEMIC INFORMATION**

<b>PRIMARY</b>		
Name:		Year Graduated/Attended:
Address:	Region:	Type of School: <input type="checkbox"/> Private <input type="checkbox"/> Public
<b>INTERMEDIATE</b>		
Name:		Year Graduated/Attended:
Address:	Region:	Type of School: <input type="checkbox"/> Private <input type="checkbox"/> Public
<b>SECONDARY</b>		
Name:		Year Graduated/Attended:
Address:	Region:	Type of School: <input type="checkbox"/> Private <input type="checkbox"/> Public
<b>TERTIARY</b>		
Name:		Year Graduated/Attended:
Address:	Region:	Type of School: <input type="checkbox"/> Private <input type="checkbox"/> Public
Honors/Awards:		General Average:

**SPECIAL TALENTS/SKILLS/HOBBIES**


**OTHER INFORMATION**

Relatives Working at CEU:	Other Person Supporting Studies:
Other School(s) Where You Applied or Intend to Apply (local or foreign):	

How did you first know about CEU School of Medicine? (Please check one)	<input type="checkbox"/> Parents	<input type="checkbox"/> Relatives	<input type="checkbox"/> Friends
	<input type="checkbox"/> CEU Student	<input type="checkbox"/> CEU Employee	<input type="checkbox"/> Alumni
	<input type="checkbox"/> Broadcast (Radio/TV)	<input type="checkbox"/> Print Advertisement	
	<input type="checkbox"/> CEU Representative	<input type="checkbox"/> High School Counselor/Teacher/Principal	
Why did you choose to apply at CEU School of Medicine? (Please check all that apply)	<input type="checkbox"/> Parents'/Relatives'/Friends' Influence	<input type="checkbox"/> Quality/Standards	<input type="checkbox"/> School Facilities
	<input type="checkbox"/> Discipline	<input type="checkbox"/> Campus Security	<input type="checkbox"/> Well-Known University
	<input type="checkbox"/> High Quality Teachers	<input type="checkbox"/> Courteous Employees	<input type="checkbox"/> Accessibility and Location
	<input type="checkbox"/> Affordability of Tuition Fee	<input type="checkbox"/> Clean Campus	
	<input type="checkbox"/> Others (pls. specify) _____		

**SELF-ASSESSED HEALTH STATUS**

General Condition of Health:	<input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Common Health Complaints:	

I hereby certify that the above information given is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<b>Admission Requirements:</b>	
<p><b>For Filipino Students</b></p> <ol style="list-style-type: none"> <li>A Bachelor's Degree or its equivalent obtained from a reputable school as evidenced by a diploma and Transcript of Records. For graduates of Philippine private schools, the TOR must bear the Special Order from the Commission on Higher Education (CHED). Photocopies of the Diploma and TOR will suffice for application purposes.</li> <li>Creditable performance in the National Medical Admission Test (NMAT) with a percentile score equal or higher than that prescribed by the Admission Committee. The NMAT must have been taken no more than two (2) years from the time of the application.</li> <li>Certificate of (General Weighted Average) GWA</li> <li>Certificate of Live Birth from the Philippine Statistics Authority (PSA)</li> <li>Certificate of Good Moral Character from the School previously attended</li> <li>2 copies of 1.5 X 1.5 ID picture</li> </ol>	<p><b>For Foreign Students</b></p> <ol style="list-style-type: none"> <li>Philippine Consulate Authentication of the applicant's country of origin for the following documents: <ol style="list-style-type: none"> <li>Official Transcript of Records</li> <li>Certificate of Good Moral Character</li> <li>Certificate of Graduation</li> <li>Affidavit of Support of the person/s supporting the applicant's study</li> <li>Bank certification from the bank of the person/s funding the study of the applicant</li> <li>Police Clearance from the country of origin</li> </ol> </li> <li>Appropriate visa</li> <li>Payment of Development Fee</li> </ol>
<p><b>For Transfer Applicants</b></p> <ol style="list-style-type: none"> <li>No failing grades in the last year of enrolment in their previous school shall be entertained by the Committee on Admissions.</li> <li>Take and pass validation exams on subjects that will be determined by the Committee on Admissions.</li> </ol>	