



Republic of the Philippines
PARTIDO STATE UNIVERSITY
Camarines Sur

PSU-F-GAP-01

ParSU COLLEGE ADMISSION TEST APPLICATION FORM

Instructions: Kindly fill out this information sheet accordingly and make sure not to leave any blank fields. Use **BLUE Ink** only.

	Surname	First Name	Middle Name	Ext. (e.g Jr., II)	
Personal Information	Name _____				
	Complete Address _____ Zip Code _____				
	Civil Status _____	Age _____	Sex _____	Date of Birth (mm/dd/yy) _____	
	Contact Number _____	Email Address _____			
	(Required) (Required)				
Educational Background	Person to contact in case of emergency _____				
	Contact Number _____				
	Please check: <input type="checkbox"/> SENIOR HIGH SCHOOL <input type="checkbox"/> OLD CURRICULUM <input type="checkbox"/> ALS <input type="checkbox"/> TRANSFeree <input type="checkbox"/> SECOND COURSER				
	SCHOOL LAST ATTENDED (please do not abbreviate)				
	Name of School _____				
For Transferee:	Address _____ Year Completed _____				
	Track & Strand _____ Course/Major _____				
	(for Senior High School Graduates/Graduating Students) (for Transferee/Second Courser)				
To be filled-out by the College Dean/Program Director/Department Chair					
Other Information	EVALUATION		RECOMMENDATIONS		
	() Evaluated as transferee with no failing/incomplete grades.		() For admission as transferee no need to take the ParSUCAT.		
	() Evaluated as transferee with one or two failing/incomplete grades.		() For admission as transferee but to take the ParSUCAT.		
	() Evaluated as transferee with three or more failing/incomplete grades.		Other/s: _____		
	COURSE TO ENROLL		EVALUATED BY		
Desired Course(s)	CAMPUS		Signature over Printed Name/Date		
	_____		Designation: _____		
	_____		_____		
	_____		_____		
	_____		_____		
Declaration	1. Are you a person with disability? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, pls. specify: _____				
	2. Are you a member of indigenous group/community? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, pls. specify: _____				
	3. Are you a Solo Parent or Child of a Solo Parent? <input type="checkbox"/> NO <input type="checkbox"/> YES				
	4. Are you a resident of Geographically Isolated and Disadvantaged Areas (GIDAs)? <input type="checkbox"/> NO <input type="checkbox"/> YES				
	*Please attach proof of membership, copy of ID or certification if applicable.				
Note: Write down your desired course(s) you wish to pursue in the University and indicate its corresponding campus.					
For Freshmen:					
First Choice : _____ Course _____ Campus _____					
Second Choice : _____ Course _____ Campus _____					
Testing Center you want to submit your requirements:					
Testing Center you want to take PARSUCAT:					
SCHEDULE OF SUBMISSION OF REQUIREMENTS:					
DATE : _____					
TIME : _____					
Signature over Printed Name					
Date: _____					

THIS FORM IS FREE OF CHARGE AND MAY BE REPRODUCED. PRINT USING SHORT-SIZED BOND PAPER.