

	TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES CAVITE CAMPUS Carlos Q. Trinidad Avenue, Salawag, Dasmariñas City, Cavite, Philippines Telefax: (046) 416-4920 Email: cavite@tup.edu.ph Website: www.tup.edu.ph	
OAD	PRE-ADMISSION CHECKLIST	Page 1/1

CONTROL NO. _____

Name: Arsher Calaranan Basilio Admission Status: (Please check one)

Course: BGT-AT _____ NEW _____ CROSS-ENROLLEE

Date: May-31-2022 _____ TRANSFEREE _____ ALS

_____ RETURNEE

In order to be admitted in this university, the applicant must be able to comply/pass the following:

	Activity	Dates	Venue	Status
1	Securing of Pre-Admission checklist			
2	Interview			
3	Medical Examination			
4	Submission of Requirements: 1. Short Brown Envelope Original Copy of: 2. a. Senior High School Card Grade 11 and 12 (for Senior High School Graduates) or b. 4 th Year High School Card (for old curriculum graduates) or c. Transcript of Records and Honorable Dismissal (for Transferees) 3. Barangay Clearance 4. Good Moral Character 5. PSA / NSO Authenticated Birth Certificate Photocopy of: PSA / NSO Authenticated Birth Certificate			
	Enrolment			

Note: Bring Copy of High School Card/ TOR during the interview.

Failure to comply with the above schedules and grade requirement, the University has the right to **disqualify** the student for enrolment. No applicants are allowed to **change/ transfer** to another course or program without the approval of the **Admissions Office**.


CONFORME: _____ APPROVED FOR ENROLMENT BY: _____

Signature over printed name of the applicant Admissions Officer

Campus Orientation Part 1 and 2: General Orientation Part 3: First Flag Raising Ceremony	TBA	Covered Court	
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TUPC-F-OAA-OSA-OAD-03 ØØ (04.24.19)

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OAD	INTERVIEW SLIP	Page 1/1

CONTROL NO. _____

Name: Arsher Calaranan Basilio Admission Status: (Please check one)

Course: BGT-AT _____ NEW _____ CROSS-ENROLLEE

Date: May-31-2022 _____ TRANSFEREE _____ ALS

_____ RETURNEE _____ SHIFTEE

For interviewer's use only

_____ PASSED _____ FAILED _____ RECOMMENDED FOR OTHER COURSE

If recommended for other course, please indicate the course _____

_____ Name and Signature of Interviewer

To be used if recommended for other course

_____ PASSED _____ FAILED

_____ Name and Signature of Interviewer

TUPC-F-OAA-OSA-OAD-04 ØØ (04.24.19)