



UNIVERSITY OF THE EAST
Manila
STUDENT AFFAIRS OFFICE

STUDENT INFORMATION SHEET

NAME

POSITION

NAME OF ORGANIZATION

PERSONAL INFORMATION:

Student Number: _____ Age: _____ Date of Birth: _____
Civil Status: _____ Citizenship: _____ Religion: _____
Course/Year: _____ College: _____
City Address: _____
Telephone/Cellular Phone Number: _____ E-Mail Address: _____
Provincial Address: _____
Name of Father: _____ Occupation: _____
Name of Mother: _____ Occupation: _____
In case of emergency, please notify: _____
Address: _____
Telephone/Cellular Phone Number/E-Mail Address: _____

EDUCATION BACKGROUND:

Elementary: _____ Date Graduated: _____
High School: _____ Date Graduated: _____

SKILLS AND INTERESTS _____

ORGANIZATIONAL INVOLVEMENT:

Name of Organization Position From To

(The collection of data is for the purpose of issuing authority to operate for RSOs. By signing this form, you are certifying that all information provided are true and correct and likewise authorizing this office to process to process your information. Your accomplished form will be kept in a secure place and will be disposed of within a reasonable time frame)



Signature/Date