

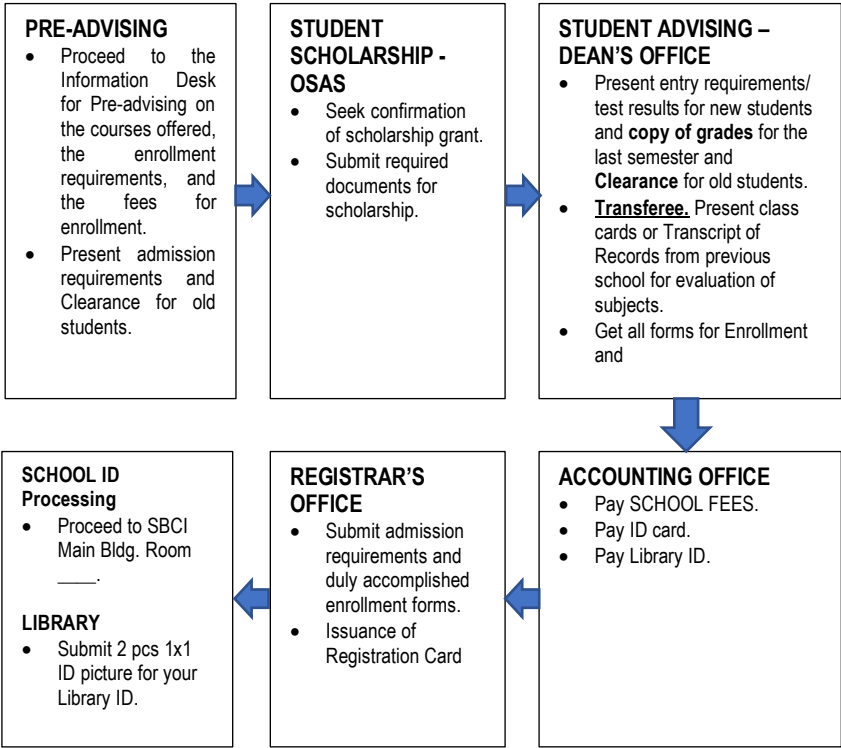


Evaluated by: \_\_\_\_\_ Date: mm/dd/yyyy  
 \_\_\_\_\_  
 Signature Over Printed Name



Evaluated by: _____	Date: <i>mm/dd/yyyy</i>
_____ Signature Over Printed Name	_____

ENROLMENT PROCEDURE



For evaluation purposes, I am submitting herewith the following admission requirements:

New Student

☐ School Form 9 (SF9) Progress Report Card

☐ Authenticated PSA Birth Certificate

☐ Certificate of Good Moral Character

☐ 3 pcs. 1x1 colored pictures

☐ Accomplished Application Form

Transferee

☐ Transfer Credentials/Honorable Dismissal

☐ Copy of Grades/Official Transcript of Records

☐ Authenticated PSA Birth Certificate

☐ Certificate of Good Moral Character

☐ 3 pcs. 1x1 colored pictures

☐ Accomplished Application Form

Old Student

☐ Copy of Grades (last semester)

☐ Clearance from Last Semester

In consideration of my admission to Subic Bay Colleges (SBCI), Inc. and all the privileges of students in this institution, I hereby pledge to abide and comply with all the rules and regulations set by competent authorities in this institution. Furthermore, I bind myself with all the present and future requirements of the curriculum I am enrolled in as prescribed by the institution

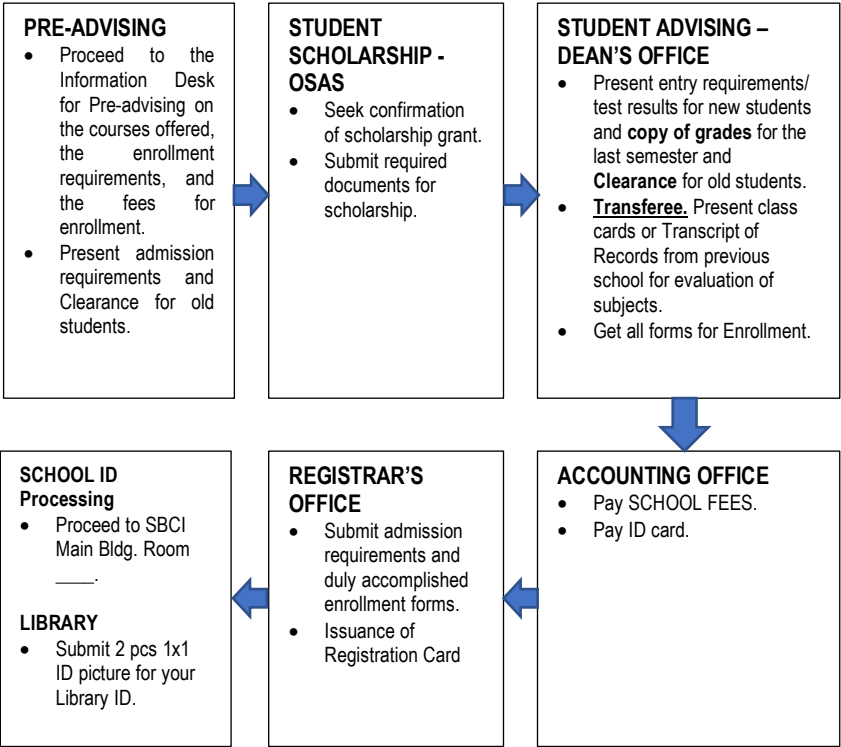
**Verified true and correct:**

Signature Over Printed Name of Student \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE OF THE ACCOUNTING ASSESSMENT OF FEES	
Tuition Fee	
Total Misc	
Total Other Fees	
Old Accounts	
Less/Discount	
Total Amount Due	
Payment Mode	<input type="checkbox"/> Installment <input type="checkbox"/> Full Payment
Amount Paid	Php _____ Date Paid: _____ Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Online _____
Scholarship/Privilege:	<input type="checkbox"/> SBCI Grantee <input type="checkbox"/> TES <input type="checkbox"/> TESDA Scholarship _____
Assessed by	

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Assessed by	