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UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES

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GUIDANCE AND COUNSELING SERVICES

The Guidance and Counseling Services (GCS) observes **STRICT CONFIDENTIALITY** on the personal information shared in this form according to the ethical principles of confidentiality and in compliance with the Data Privacy Act. However, please take note that the information will be disclosed under the following circumstances:

**Threat on the life of the client (e.g. attempt to commit suicide, victim of abuse)**

**The client can cause danger to the lives and health of other people.**

Moreover, information may also be given to agencies (e.g. DSWD, Police, Women and Children Protection Unit, Rehabilitation Unit Hospitals and other health providers) that can facilitate or address client's need and situation.

**Instruction:** Please provide honest response to the information needed. Rest assured that data gathered will be treated with utmost confidentiality in accordance with the Data Privacy Act.

John Doe Student

Student ID: 20250001

XXXXXXXXXXXXXXXXXX - XXXXXXXXXXXX

No Photo  
Available

PERSONAL BACKGROUND

Course/Track: XXXXXXXXXXXXXXXXXX	Major/Strand: XXXXXXXXXX	Grade/Year Level: XXXXXXXXXX
First Name: XXXXXXXXXXXXXXXXXX	Last Name: XXXXXXXXXXXXXXXXXX	Middle Name: XXXXXXXXXXXXXXXXXX
Gender: female	Date of Birth: 02/28/2026	Age: XXXXXXXXXX
Place of Birth: XXXXXXXXXXXXXXXXXX	Civil Status: married	Religion: XXXXXXXXXXXXXXXXXX
Contact Number: XXXXXXXXXXXXXXXXXX	Email Address: XXXXXXXXXXXXX@gmail.com	
Permanent Address: XXXXXXXXXXXXX		
Present Address: XXXXXXXXXXXXXXXXXX		

School Last Attended:

XXXXXXXXXXXXXXXXXX

Location of School:

XXXXXXXXXXXXXXXXXX

Previous Course/Grade:

XXXXXXXXXXXXXXXXXX

## FAMILY BACKGROUND

Name of Father:

XXXXXXXXXXXXXXXXXX

Age:

XXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXX

Educational Attainment:

XXXXXXXXXXXXXXXXXX

Name of Mother:

XXXXXXXXXXXXXXXXXX

Age:

XXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXX

Educational Attainment:

XXXXXXXXXXXXXXXXXX

Parents' Permanent Address:

XXXXXXXXXXXXXXXXXX

Husband/Wife (If Married):

XXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXX

Educational Attainment:

XXXXXXXXXXXXXXXXXX

Name of Guardian (if applicable):

XXXXXXXXXXXXXXXXXX

Age:

XXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXX

Pls. continue on the back page

## OTHER INFORMATION

1. Why did you choose this course/program?



- ☐ / Adjustment (dealing with people, handling pressures, environment, class schedules, etc.)
- ☐ / Building Self-Confidence
- ☐ / Developing Communication Skills
- ☐ Study Habits
- ☐ Time Management
- ☐ Tutorial with Peers (Please specify the subject/s):
- ☐ / others, pls. specify:

## AWARDS AND RECOGNITION

AWARDS/RECOGNITION RECEIVED	NAME OF SCHOOL/ORGANIZATION	YEAR
<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>	<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>	<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>
<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>	<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>	<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>
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<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>	<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>	<input type="text" value="xxxxxxxxxxxxxxxxxxxx"/>

I hereby certify that all entries on the form are true and correct. I also agree to allow GCS to use the information/data for research purposes.

SIGNATURE OVER PRINTED NAME

DATE

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