

## UNIVERSITY OF CALOOCAN CITY FRESHMEN ADMISSION FORM



<u>AP</u>	POIN	IMENI	DETAILS:	<u>.</u>	
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FRESHMEN APPOINTMENT CODI CAMPUS		0210662-M SOUTH							
DATE	: V	Vednesday, M	larch 1, 2023						
TIME	: 09:00 - 12:00								
PERSONAL INFORMATION: NAME:			AGE:	SEX:					
LAST NAME FIRS	T NAME MIDDLE N								
ADDRESS:									
BARANGAY NUMBER:		ZONE:	DISTRICT	Γ:					
DATE OF BIRTH:		PLACE OF B							
CIVIL STATUS:	CITIZENSHI		RELIGION:						
MOTHER'S NAME:FATHER'S NAME:			IPATION:						
DECIDENCE TELEDITONE NO .		CELLE	PHONE NO						
CHARDIAN									
ADDRESS:									
EDUCATIONAL BACKGROUND:									
ELEMENTARY:		VE	AR GRADUATED:						
HIGH SCHOOL:			AR GRADUATED:						
SENIOR HIGH SCHOOL:			AR GRADUATED:						
(PLEASE SPECIFY THE STR	RAND)								
COLLEGE (IF TRANSFEREE):									
COURSE FROM PREVIOUS	SCHOOL:								
SIGNATURE OVER PRINTED NAME									
	=========								
Documents Submitted:			Average:	Registrar:					
☐ Form 138 ☐ Good Moral	$\square$ Voter ID $\square$ D	iploma (HS)							
☐ Birth Certificate ☐ 2x2 Picture	□ Voter Cert. □ D	iploma (Elem)							
Date of Examination:	Room No.:		Seat:	MIS:					
UNIVERSITY OF CALOOCAN CITY  Accounting Office  ORDER OF PAYMENT									
THE CITY TREASURER:	DATE: CITY TREASURER:								
Please accept the payment of									
For payment of ENTRANCE EXAM	of P100.00								
GCASH Number	Transaction Num		OR Num						

RYAN N. ALEJO, CPA, DPA University Accountant