**APPLICATION FORM**

Central Mindanao University College Admission Test (CMUCAT)

Testing Fee: ₱200.00 for 2nd Time Takers/transferees (Pay at the CMU Cashier’s Office) Application No.: CMUCAT-20250122HxXexzZ5rM

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| 1. **APPLICANT’S PROFILE** | | | |
| NAME: | TALABUCON | VICTORIA LAUREN | ENERIO |
|  | *(Family Name)* | *(First Name)* | *(Middle Name)* |

O.R. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BIRTH DATE** | 1990-04-11 | | | AGE | 1990-04-11 |
| **BIRTH PLACE** | CAGAYAN DE ORO CITY | | | RELIGION | ROMAN CATHOLIC |
| **BIRTH RANK** | **€** Eldest **€**2nd **€**3rd **€** Others, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | SEX | ☐ MALE ☐ FEMALE |
| **CITIZENSHIP** | ☑ FILIPINO ☐ FOREIGN ☐ DUAL | | If Foreign/Dual Citizen, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attach in this box a recent 1x1 ID picture of the applicant | | | |
| **Member of Indigenous Peoples Group?** | | ☐ YES ☑ NO | If Yes, specify IPG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| 1. **EDUCATION** | |  |  | LRN | 462036150059 | | | |
| * Year of Graduation from Grade 6/Elementary School? | | 2019-03-29 |  | School’s Name | QUEEN OF ALL HEARTS LEARNING CENTER | | | |
| * Year of Graduation from Junior High School? | | 2023-07-13 |  | School’s Name | CAGAYAN DE ORO NATIONAL HIGHSCHOOL | | | |
| SENIOR HIGHSCHOOL NAME (Do Not Abbreviate) | |  | | | | | | |
| Expected Year/ Year of SHS Graduation | |  | | SHS Track/ Strand | |  | | |
| ADDRESS (City/Town, Province) |  | | | | | | Region |  |

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| **For Transferees,** HEI Name |  | | | | | |
| HEI Address (City/Town, Province) |  | | | | Region |  |
| Degree Program |  |  | Yr Level |  | | |

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| 1. **COURSE/S YOU INTEND TO TAKE AT CMU** | |  | 1. **SENIOR HIGH SCHOOL GRADE** | |
|  | CHOSEN COURSE/S |  | **ENGLISH** | 95 |
| FIRST CHOICE | BACHELOR OF SCIENCE IN NURSING |  | **MATH** | 88 |
| SECOND CHOICE | BACHELOR OF SCIENCE IN PSYCHOLOGY |  | **SCIENCE** | 92 |

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| 1. **PERMANENT HOME ADDRESS** | |  | | |
| **Number and Street** | APITONG STREET | | **Barangay** | CANITO-AN |
| **City/Municipality** | CAGAYAN DE ORO CITY CAPITAL | | **Province** | MISAMIS ORIENTAL |
| **Region** | REGION X (NORTHERN MINDANAO) | | **Postal/Zip Code** | 9000 |

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| 1. **CONTACT INFORMATION** | | | | | |
| **Telephone Number** |  | **Cellphone Number** | 09453729835 | **E-mail Address** | talabucon.victorialauren@gmail.com |

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| 1. **OTHER INFORMATION** | | | | |
| * **Are you a child of a CMU Faculty or Employee?** | | ☐YES ☑NO |  | * **Are you a PWD?** **€** YES **€** NO |
| **If Yes, from what college/office** | | |  | ***If Yes, specify*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employment Status** | ☑ Permanent ☐ Temporary ☐ Others | |  | * **Are you an** **€** Orphan? **€** Self-supporting? |
|  | If Other(s), please specify | |  | * **Are you a €** Single Parent?Senior Citizen? Rebel Returnee? |

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| 1. **SOCIO-ECONOMIC DATA** Are you from a Single Parent household? YES NO *Please fill out the appropriate information need.* | | | | |
|  | **Father’s Name** | | **Mother’s Maiden Name** | **Legal Guardian (Other than parents)** |
| **Full name** | VICTOR LAWRENCE P. TALABUCON | | IRENE ENERIO |  |
| **Citizenship** |  | |  |  |
| **Highest Educational Attainment** | COLLEGE GRADUATE | | COLLEGE LEVEL |  |
| **Occupation** | NA | | CALL CENTER AGENT |  |
| **Employer** |  | |  |  |
| **Gross Household Income from regular sources** | | ☑below 5,000 ☐5,000-10,000 ☐10,001-25,000 ☐25,001-50,000 ☐50,001-100,000 | | |
|  | | ☐100,001-150,000 ☐150,001-200,000 ☐200,001-250,000 ☐above 250,000 | | |

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| 1. **APPLICANT’S SIGNATURE** |
| I hereby certify under the pain of perjury that all my statements above are true and correct to the best of my knowledge. I consent the Office of Admissions, Scholarships, and Placement (OASP) may utilize my information in posting of the result and other legal purposes.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Victoria Lauren E. Talabucon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name Date |

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| 1. **SCHOOL CERTIFICATION** (To be filled by the School Personnel *e.g. Principal, Guidance In-Charge, Class Adviser*) | 1. **ACTION TAKEN** (To be filled out by the CMUAT Board) |
| **€** APPROVED **€** DISAPPROVED  PENDING  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CMUAT BOARD  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I hereby certify that Victoria Lauren E. Talabucon is a bona fide student of GUSA REGIONAL SCIENCE HIGH SCHOOL - X for the SY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of School Representative  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Attach in this box a recent 1x1 ID picture of the applicant | **Central Mindanao University College Admission Test (CMUCAT) PERMIT** | | | | | | | | | | | | |
|  | O.R. No. | |  | | | Application Number | CMUCAT-20250122HxXexzZ5rM | | | Date Filed | | 2025-01-22 |  |
|  |  | Name of Examinee | | | Victoria Lauren E. Talabucon | | | | LRN | | 462036150059 | |  |
|  |  | Date of Test | | | 2025-03-30 | | | | Time | | 10:00 AM | |  |
|  |  | Place of Test | | | Lapasan National High School | | | | Room No. | | 1 | |  |
|  |  |  | | |  | | | |  | |  | |  |
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| Signature |  | | | CMUAT Board | | | |  | | |  | | |