



Republic of the Philippines
CAVITE STATE UNIVERSITY
Bacoor City, Campus
Bacoor, Cavite
www.cvsu.edu.ph

OSAS- QF- 01

ENTRY:
____ New Student
____ Transferee
____ 2nd courser
____ from Branch Campus:
()

1 x 1
ID Picture

APPLICATION FORM FOR ADMISSION

Please Indicate Preferred Courses:

EXAM CONTROL NO: _____

_____	_____	_____
1 st choice	2 nd choice	3 rd choice

Learner's Reference Number: _____ STRAND(SHS Grad): _____

Name: _____
Last Name First Name Middle Name

Permanent Address: _____ Zip Code: _____

Contact number: _____ Email Address: _____

Sex: ☐ M ☐ F Age: _____ Date of Birth: _____ Religion: _____

Nationality: _____ Civil Status: ☐ Single ☐ Married ☐ Others, specify: _____

FAMILY BACKGROUND

Father Mother Guardian _____
(Specify relationship)

Full Name: _____

Contact no: _____

Occupation: _____

Number of Sibling/s: _____ Birth Order: ☐ Eldest ☐ Second ☐ Middle ☐ Youngest ☐ Only Child

Estimated Monthly Family Income: (Please tick the appropriate box)

☐ below -10,000 ☐ 11,000 – 20,000 ☐ 21,000 – 30,000 ☐ 31,000 – 40,000 ☐ 41,000– 50,000 ☐ above 50,000

EDUCATIONAL BACKGROUND

	Name of School	Address	Year Graduated
Elementary	_____	_____	_____
Senior High School	_____	_____	_____
Vocational	_____	_____	_____
College - For Transferees:	_____	_____	Course: _____
For Second Courser:	_____	_____	Course: _____

MEDICAL HISTORY INFORMATION

List any medications you are taking: _____
Do you have any of the following? Kindly put a check (✓)
☐ Allergy (specifically, allergic to: _____)
☐ Asthma
☐ Hypertension
☐ Diabetes
☐ Insomnia
☐ Vertigo
☐ Scoliosis or physical condition, specify: _____
☐ Others, please specify: _____
☐ None

I hereby certify that all information stated above are true and correct
as to the best of my knowledge. I hereby give consent for my personal
data included in my offer to be processed for the purposes of admission
and enrollment in accordance with Republic Act 10173 – Data Privacy Act
of 2012.

Signature over printed name

To be filled up by the OSAS/Guidance Staff

Date of Exam and time: _____
SUBMITTED REQUIREMENTS

- ☐ 2 copies of 1x1 ID Picture
- ☐ Short ordinary white folder
- New Student (SHS, ALS, BEC graduate)**
- ☐ Photocopy HS or SHS Form138 / Certificate of ALS Rating
- ☐ Photocopy Certificate of Good Moral Character
- Transferee / Second Degree taker**
- ☐ Photocopy Transcript of Records / Certificate of Grades
- ☐ Photocopy Transfer Credentials / Honorable Dismissal
- ☐ Photocopy Certificate of Good Moral Character
- ☐ Photocopy NBI Clearance
- ☐ Photocopy Interview slip
- Second Degree taker**
- ☐ Photocopy Transcript of Records
- ☐ Interview slip

Assessed by: _____

V03-2019-11-07