



# OFFICE OF ADMISSIONS

## APPLICATION FORM

Student Application No: \_\_\_\_\_

Attach passport size  
picture here

(1.77 In x 1.37 In)

Fill out this form carefully and **PRINT** or **TYPE** all information requested. Only Application Forms correctly and completely filled out will be accepted. **INCOMPLETE FORMS WILL NOT BE PROCESSED.** If item is not applicable indicate "N/A".

Name (Surname)		(Given name)			(Middle name)		(Ext. Name)
<b>A. PERSONAL INFORMATION</b>							
AGE	DATE OF BIRTH (MONTH/DATE/YEAR)			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITIZENSHIP	PLACE OF BIRTH (City)	(Province) (Country)
MOTHER'S MAIDEN NAME (Last Name)		(First Name)		(Middle Name)		Mobile Number(Required) +63	
FATHER'S NAME (Last Name)		(First Name)		(Middle Name)		Mobile Number(Required) +63	
<b>B. DEMOGRAPHIC DATA</b>							
PERMANENT MAILING ADDRESS (Room/Floor/Unit No. Bldg. Name)			(House/Lot/Block/Phase No.)		(Street Name)		(Subdivision)
(Barangay)		(City/Municipality)		(Province)		(Country)	ZIP CODE
HEIGHT (feet)	WEIGHT (kg)	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Annulled <input type="checkbox"/> Others					
MOBILE NUMBER(Required) + 6 3		TELEPHONE NUMBERS(Include Area Code)			E-MAIL ADDRESS(Required)		
Are you a child of a Solo Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a member of the Indigenous People's Community? <input type="checkbox"/> Yes <input type="checkbox"/> No			Income per capita:	
Are you a Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a member of 4ps? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>C. EDUCATIONAL BACKGROUND</b>							
Level of Education	Course/Degree Title	Name of School & Address (City/Municipality & Province)	If Not Graduated		If Graduated		
			Year of Last Attendance	Highest Grade/Level/Units Earned	Year Graduated	Academic Honors Received	
Doctorate							
Master's							
Tertiary							
Vocational / Technical							
Senior High school							
Junior High school							
Elementary							
<b>D. CAMPUS LOCATION</b>							
<input type="checkbox"/> BACOLOR-Main	<input type="checkbox"/> MEXICO	<input type="checkbox"/> STD. TOMAS	<input type="checkbox"/> PORAC	<input type="checkbox"/> LUBAD	<input type="checkbox"/> CANDABA	<input type="checkbox"/> APALIT	
<b>E. TYPE OF STUDENT</b>							
<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 11	<input type="checkbox"/> 1 <sup>st</sup> Year College	<input type="checkbox"/> Methods of Teaching	<input type="checkbox"/> Shiftee	<input type="checkbox"/> Returnee	<input type="checkbox"/> Transferee	
If Transferee or shiftee, write previous academic program taken: _____							
<b>F. SEMESTER APPLYING FOR</b>							
1 <input type="checkbox"/> <sup>st</sup> Semester / Trimester		2 <input type="checkbox"/> <sup>nd</sup> Semester / Trimester			3 <input type="checkbox"/> <sup>rd</sup> Trimester		
<b>G. ACADEMIC/DEGREE PROGRAM (Include FIELD OF SPECIALIZATION if applicable)</b>							
1 <sup>st</sup> Priority				2 <sup>nd</sup> Priority (College Applicants ONLY)			

**CONFORME:** By signing below, I hereby certify that all the information written in this application are complete and accurate. I agree to update the Office of Admissions and the Registrar's Office for any changes. I acknowledge that I have read and understood the Don Honorio Ventura State University (DHVSU) Admissions Privacy Notice posted in the office premises. I understand that by applying for admission/registering as a student of this university, I allow DHVSU through the Office of Admissions to collect, record, organize, update or modify, retrieve, consult, utilize, consolidate, block, erase or delete any information which are a part of my personal data for historical, statistical, research and evaluation purposes pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations. I also agree, if accepted as a student, that my admission, matriculation, legibility for any assistance/grant, and graduation are subject to the rules and regulations of this institution.

Student's signature over printed name \_\_\_\_\_

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

### To be Checked and Signed by the Admission Staff

The applicant presented the following documents:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Form 138-A/Report Card           | <input type="checkbox"/> Transcript of Records                          | <input type="checkbox"/> Certificate of grade point average                      | Checked by: _____ Date: _____            |
| <input type="checkbox"/> Certificate of Good Moral        | <input type="checkbox"/> Clearance                                      | <input type="checkbox"/> Recommendation Letter                                   |  |
| <input type="checkbox"/> PSA Birth Certificate            | <input type="checkbox"/> Honorable Dismissal                            | <input type="checkbox"/> Transcript of Records (TOR)                             | Profiled by: _____ Date: _____           |
| <input type="checkbox"/> Certificate of Eligibility (ALS) | <input type="checkbox"/> NCAE Result                                    | <input type="checkbox"/> CTC of DIPLOMA (For Graduate Program)                   |  |
| <input type="checkbox"/> ESC Certificate                  | <input type="checkbox"/> Certification: Top 20% of the Graduating Batch | <input type="checkbox"/> PSA Marriage Certificate (For Female Married Applicant) | Test Permit Issued by: _____ Date: _____ |

Remarks: