



OFFICE OF ADMISSIONS

GRADUATE SCHOOL 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 (Last Name)	(First Name)	(Middle Name)	(Ext. Name)
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A. PERSONAL INFORMATION

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
PERMANENT MAILING ADDRESS (House/Lot/Block/Phase No.)			(Barangay)	(City/Municipality)		(Province)
Type of disability if applicant is PWD		Indigenous Peoples Affiliation		Are you a member of 4P's?		(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) + 63		TELEPHONE NUMBERS (Include Area Code)			E-MAIL ADDRESS(Required)	

B. SPOUSE INFORMATION

(Last Name)	(First Name)	(Middle Name)	Mobile Number (Required) +63
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C. EDUCATIONAL BACKGROUND (List all)

Level of Education	Course/Degree Title	Name of School	If Not Graduated		If Graduated	
			Year of Last Attendance	Highest Level Units Earned	Year Graduated	Academic Honors Received
Doctorate						
Masterate						
Tertiary						

D. ACADEMIC PROGRAMMES (Include FIELD OF SPECIALIZATION if applicable) Please check

<input type="checkbox"/> Doctor of Education: Major in Educational Management	Master of Arts in Education Major in: <ul style="list-style-type: none"> <input type="checkbox"/> Educational Management <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Mathematics <input type="checkbox"/> Physical Education <input type="checkbox"/> Science Education <input type="checkbox"/> Social Studies <input type="checkbox"/> Technical and Livelihood Education
<input type="checkbox"/> Doctor of Public Administration	
<input type="checkbox"/> Master in Public Administration <input type="checkbox"/> Master in Business Administration <input type="checkbox"/> Master of Science in Social Work	

E. FOR TRANSFEREE AND SHIFTEE

School Last Attended: _____ Year of last attendance: _____
 Program Taken: _____ Major: _____

F. SEMESTER APPLYING FOR

1st Trimester
 2nd Trimester
 3rd Trimester

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	
Certified true copy of the following documents: <input type="checkbox"/> Transcript of Records (TOR) <input type="checkbox"/> PSA Birth Certificate <input type="checkbox"/> Honorable Dismissal Non-DHVSU Graduate 2 <input type="checkbox"/> Recommendation letters (From superior or former professor) <input type="checkbox"/> PSA Marriage Certificate <input type="checkbox"/> Certificate of grade point average (For Female Married Applicant)	Checked by: _____ Date: _____ Profiled by: _____ Date: _____ Test Permit Issued by: _____ Date: _____

Remarks: _____