



COLLEGE OF MEDICINE
Batangas State University

APPLICATION FOR ADMISSION

Academic Year _____

Name _____

School last attended: _____

Course: _____

Municipality: _____

(Do not fill below this line)

Application No. _____

GWA : _____

Issued : _____

INTERVIEW : _____

Amount Paid : _____

NMAT : _____

OR No. _____ Date: _____

Date Filed: _____

Is this the first time you are applying for admission to a medical school? _____

If not, where, when, (year/s) did you apply, and what happened to your application (s)?

Are you concurrently applying for admission to medical school other than Batangas State University? If so, at what medical school (s)?

ALL APPLICANTS for admission to Batangas State University are REQUIRED to sign a RETURN SERVICE AGREEMENT (RSA) with his/her parent(s)/guardians as co-signatories.

Please list 3 references who can easily be contacted by the Admissions Committee. References should include two from the last school you attended and one from the community.

Name

Address and Telephone Number

_____	_____
_____	_____
_____	_____

Signature

Date

CHECKLIST FOR REQUIRED DOCUMENTATION AND INFORMATION NEEDED TO APPLY TO COLLEGE OF MEDICINE FOR ACADEMIC YEAR

I. A complete application which includes:

- _____ Properly accomplished **Application Form** (2 copies)
- _____ Original copy of **Diploma and Transcript of Records** of taken Bachelor's degree program, supported by a certificate of class ranking and general weighted average
- _____ If the bachelor's degree taken is a board course, a board rating certificate shall be required.
- _____ **PSA Birth Certificate** (*a certified true copy /photocopy is acceptable provided the original is shown for verification*).
- _____ For naturalized Filipino Citizens, original **Certificate of Naturalization** and one (1) photocopy of the same issued by the Commission on Immigration and Deportation.
- _____ Latest **Income Tax Return** of parent (s).
- _____ Original and photocopy of **NMAT result**
- _____ Two (2) **letters of recommendation** from the former Dean, professor, and other government agencies (LGUs, etc)
- _____ Submission of **accomplished health clearance report**. This shall include:
 - Complete immunization report (MMR, dT, Varicella, Hepatitis B, Hepatitis A)
 - Chest X-ray
 - Urinalysis
- _____ **Certificate of physical fitness**, to be issued by the physicians from BatStateU College of Medicine Admissions Committee
- _____ **Passed psychological examination test and personal interview**. This will determine if the student has the necessary personal attributes and attitudes that will help them succeed for the Doctor of Medicine program.
- _____ **FOR ALL OTHER APPLICANTS: RETURN SERVICE AGREEMENT (RSA) & REPLY SLIP**

Any lacking item (s) enumerated above will invalidate application.

II. Member of a Cultural Minority/Indigenous People group?

- _____ Yes (If yes, submit a Certification of Membership obtained from)
 - Office of Northern Cultural Minorities/Indigenous People
 - Office of Southern Cultural Minorities/Indigenous People
 - Office of Muslim Affairs
- _____ No

III. Ever enrolled in a medical school?

- _____ Yes (If yes, need not apply)
- _____ No

IV. NMAT taken?

- _____ Yes (If yes, submit a photocopy of the result)
- _____ No (If no, take the NMAT given in _____ or earlier)