



BATANGAS STATE UNIVERSITY
The National Engineering University
Testing and Admission Office

Application Number: _____

APPLICATION FORM
FOR GRADUATE SCHOOL/ PROFESSIONAL EDUCATION UNITS/
COLLEGE OF LAW/ COLLEGE OF MEDICINE ADMISSION

Attach a recent 2"x2" photograph
 (taken within the last 6 months)

To the Applicant

- Fill out this application form properly and completely. Write N/A on fields that are not applicable and do not leave any blank spaces.

Pursuant to Republic Act No. 10173, also known as the Data Privacy Act of 2012, the Batangas State University, the National Engineering University recognizes its commitment to protect and respect the privacy of its customers and/or stakeholders and ensure that all information collected from them are all processed in accordance with the principles of transparency, legitimate purpose and proportionality mandated under the Data Privacy Act of 2012.

APPLICANT'S INFORMATION

Last Name _____

First Name _____

Middle Name _____

Address _____ *Zip Code* _____

Date of Birth _____ *Sex* _____ *Age* _____

Religion _____ *Nationality* _____ *Ethnicity* _____

Mobile Number _____ *Landline Number* _____

Email Address _____

CONTACT PERSON IN CASE OF EMERGENCY

Contact Person: _____

Address: _____

Contact Number: _____

Relationship: _____

FAMILY INFORMATION

(Indicate if deceased)

Name of Father:	Name of Mother:
Address:	Address:
Occupation:	Occupation:
Telephone Number (Mobile/ Landline):	Telephone Number (Mobile/ Landline):

EDUCATIONAL INFORMATION

Program Applying for: _____

Semester: *First Semester* *Second Semester* *Midterm* **Academic Year:** _____

- Local Admission**
- Foreign National**

To be filled out by TAO representative, if Foreign Application:

Is the applicant qualified based from the interview of the External Affairs Office and the admitting College?

- Yes**
- No**

Date of Endorsement: _____

A. UNDERGRADUATE			
DEGREE EARNED	COLLEGE / UNIVERSITY	MAJOR	YEAR GRADUATED

B. GRADUATE			
UNITS/ DEGREE EARNED	COLLEGE / UNIVERSITY	MAJOR	YEAR GRADUATED

RECORDS OF EMPLOYMENT

INCLUSIVE DATES		POSITIONS HELD	OFFICE / AGENCY and ADDRESS
FROM	TO		



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Full Name: _____ **Application Number:** _____

HONORS / AWARDS / SCHOLARSHIP RECEIVED OR EARNED

NAME OF HONORS / AWARDS / SCHOLARSHIP	NAME OF GRANTOR	DATE RECEIVED

REFERENCES: THREE (3) PERSONS WHO CAN VOUCH FOR THE APPLICANT

NAME	OFFICE ADDRESS	POSITION	CONTACT NUMBER

To be filled out by COLLEGE OF LAW applicants ONLY:

ADDITIONAL INFORMATION

Have you previously enrolled in another law school? [] Yes [] No

If yes, what school? _____

Are you currently enrolled in another law school? [] Yes [] No

If yes, what school? _____

Reason for transfer or plan to leave your present law school:

CRIMINAL OR ADMINISTRATIVE CHARGE

Have you ever been charged with, or convicted of an offense in any criminal or administrative case? [] Yes [] No

If yes, state the particulars:

To be filled out by COLLEGE OF MEDICINE applicants ONLY:

ADDITIONAL INFORMATION

Person responsible for you in the city if you are not residing with either your parents or guardian.

Name: _____ **Occupation:** _____

Address: _____ **Telephone Number (Mobile/Landline):** _____

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

NOTE: 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.

CERTIFICATION

I hereby certify that all information provided herein is complete and accurate. Misrepresentation, falsification and any form of dishonesty committed in relation to my application shall be sufficient grounds for my disqualification from admission to BatStateU.

Signature of applicant: _____

Date Signed: _____

To be filled out by College/ Department only:

Recommended for :

- Graduate School Admission Test
 Law School Admission Test
 Psychological Test (for College of Medicine)

Signature over Printed Name of

Dean/ Department Chair: _____

Date of Endorsement: _____

To be filled out by TAO Personnel only:

Official Receipt No.: _____

Scheduled Date of Test: _____

Scheduled Time: _____

Testing Center/ Room: _____

Date of Filing of Application: _____

Name of TAO Reviewer: _____

Name and Signature of Examiner: _____