

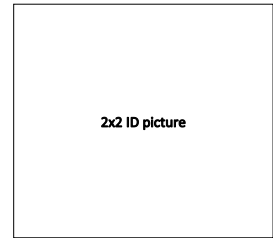


Republic of the Philippines
EASTERN VISAYAS STATE UNIVERSITY
 Tacloban City

STUDENT AFFAIRS AND SERVICES OFFICE
 Office of Guidance Services

EVSU ADMISSION APPLICATION FORM

Application No.: _____



I. PERSONAL INFORMATION (Data to be filled-in by the Applicant)

A. Personal Data

Name: _____
Surname First Name Middle Name Name Extension

Date of Birth (yyyy/mm/dd) _____ Place of Birth _____ Age _____

Gender: () Male () Female Civil Status _____ Nationality _____ Religion _____

Permanent Address _____
House/Block/Lot No. Street Subdivision/Village Barangay

_____ Town/City/Municipality Province Zip Code

Contact Number: _____ Email Address: _____

Do you have any disability? () No () Yes, please specify: _____

B. Family Background

Father's Name: _____ Age: _____
Surname First Name Middle Name Name Extension

Mother's Maiden Name: _____ Age: _____
Surname First Name Middle Name

If Married, provide your spouse's full name: _____ Age: _____
Surname First Name Middle Name Name Extension

Is your family a beneficiary of 4Ps? () No () Yes, please provide the DSWD Household Number: _____

Average Monthly Household Income: _____

C. Educational Background

Curriculum: ALS BEC SHS, Track: _____

Schools Attended:

	Name of School	Year Graduated	Average Grade	Learner's Reference Number
Grade School	_____	_____	_____	_____
High School	_____	_____	_____	_____
Senior HS	_____	_____	_____	_____
College	_____	_____	_____	_____

By signing below, I certify that above information are correct and true and that I give my consent to the collection and processing of my personal data in accordance with the needs and requirements of the university.

 Signature over printed name of the Applicant

II. INTERVIEW (Data to be filled-in by the Interviewer)

Applicant Type: New Student Transferee

First Choice		Second Choice		Third Choice	
Campus	Course Applied	Campus	Course Applied	Campus	Course Applied

Criteria:	Personality	English Communication Skill	Reading Skill
Rating:			

Average Rating:

Potential/ Talent/ Special Skills	1	2	3	4	5

Add-on Point: One (1) point will be earned for every potential /talent/special skill

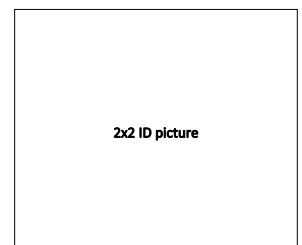
Total Points: Average Rating + Add-on Points

 Signature over printed name of the Interviewer

(Data to be filled-in by the OGS)

III. EXAMINATION PERMIT

Application No.:	
Name:	
Course Applied:	
Examinee No.:	
Date of Interview:	
Date of Examination:	
Testing Room:	



 Head, Office of the Guidance Services

THIS FORM IS NOT FOR SALE