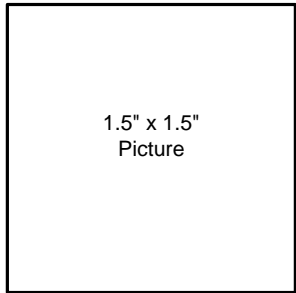


APPLICATION FORM



THIS FORM, THE OTHER SUBMITTED DOCUMENTS AND THE ENTRANCE EXAMINATION PAPERS SHALL BECOME PROPERTY OF MALAYAN COLLEGES LAGUNA AND ARE NOT TO BE RETURNED TO THE APPLICANT.

COMPLETELY FILL OUT THE ITEMS BELOW AND SUBMIT THIS FORM TOGETHER WITH THE OTHER REQUIRED DOCUMENTS AT THE ADMISSIONS OFFICE.

THIS IS THE FIRST STEP TOWARDS ADMISSIONS TO THE MALAYAN COLLEGES LAGUNA. FILLING OUT THIS FORM DOES NOT GUARANTEE ENTRANCE TO ITS PROGRAMS. ADMISSION TO THE MALAYAN COLLEGES LAGUNA IS SUBJECT TO ITS ADMISSIONS AND RETENTION POLICIES.

APPLICANT CLASSIFICATION FRESHMAN TRANSFEREE ANOTHER DEGREE

APPLICANT INFORMATION

NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	FAMILY NAME	GIVEN NAME	MIDDLE NAME	NICKNAME		
PROGRAM APPLIED	<input type="text"/>					
DATE OF BIRTH	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>	GENDER	<input type="text"/>	
RELIGION	<input type="text"/>	NATIONALITY	<input type="text"/>	CIVIL STATUS	<input type="text"/>	
MAILING ADDRESS	<input type="text"/>					
	BLK/LOT/HSE/UNIT NO.	BLDG./STREET NAME	VILLAGE / BARANGAY	CITY/MUNICIPALITY/PROVINCE	ZIPCODE	
PERMANENT ADDRESS <small>(if different from mailing address)</small>	<input type="text"/>					
	BLK/LOT/HSE/UNIT NO.	BLDG./STREET NAME	VILLAGE / BARANGAY	CITY/MUNICIPALITY/PROVINCE	ZIPCODE	
EMAIL ADDRESS	<input type="text"/>		LANDLINE NO.	<input type="text"/>	MOBILE NO.	<input type="text"/>
FATHER'S NAME	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	FAMILY NAME	GIVEN NAME	MIDDLE NAME			
EMAIL ADDRESS	<input type="text"/>		CONTACT NOS.	<input type="text"/>	OCCUPATION	<input type="text"/>
MOTHER'S MAIDEN NAME	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	FAMILY NAME	GIVEN NAME	MIDDLE NAME			
EMAIL ADDRESS	<input type="text"/>		CONTACT NOS.	<input type="text"/>	OCCUPATION	<input type="text"/>

FOR FRESHMAN

HIGH SCHOOL NAME: <input style="width: 95%;" type="text"/>	HIGH SCHOOL CLASSIFICATION
HIGH SCHOOL ADDRESS: <input style="width: 95%;" type="text"/>	PUBLIC <input type="checkbox"/>
	PRIVATE-SECTARIAN <input type="checkbox"/>
	PRIVATE NON-SECTARIAN <input type="checkbox"/>

FOR TRANSFEREE/ ANOTHER DEGREE

PREVIOUS SCHOOL NAME: <input style="width: 95%;" type="text"/>	PROGRAM FROM PREV. SCHOOL <input style="width: 95%;" type="text"/>
PREVIOUS SCHOOL ADDRESS: <input style="width: 95%;" type="text"/>	DATE OF GRADUATION (IF APPLICABLE) <input style="width: 95%;" type="text"/>

To the Admissions Director,

I wish to apply for admission to your institution for academic year _____ - _____.

Finally, I hereby attest to the completeness and accuracy of all information supplied in this form. I understand that withholding of information or giving false information may nullify my application for admission or may jeopardize my continued stay after admission has been granted.

Respectfully yours,

 APPLICANT'S SIGNATURE/DATE PARENT'S/GUARDIAN'S SIGNATURE
(For applicants under 18 years of age)

PLEASE DO NOT WRITE BELOW THE LINE

ADMISSIONS VERIFICATION FOR TRANSFEREE / ANOTHER DEGREE

NAME <input style="width: 95%;" type="text"/>	PROGRAM APPLIED <input style="width: 95%;" type="text"/>
CREDENTIALS PRESENTED	STATUS OF APPLICATION
<input type="checkbox"/> TRANSCRIPT OF RECORDS/COPY OF GRADES	<input type="checkbox"/> APPROVED
<input type="checkbox"/> ASSESSMENT SUMMARY	<input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> COURSE DESCRIPTION	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>VICE-PRESIDENT FOR ACADEMIC AFFAIRS</p> <p>_____ SIGNATURE / DATE</p> </div>