



De La Salle Araneta University

Victoneta Avenue, Potrero, Malabon City, Philippines 1475
Trunkline: 330.9128 to 30 Local 133 | Direct Line: 362.7588
admissions@dlsau.edu.ph | www.dlsau.edu.ph

Application is made as a:

- Freshman Transferee
- 2nd Courser Others: _____
- International student
- For School Year** _____
- 1st Term 2nd Term 3rd Term

2x2
Colored Picture
(White background and taken in the last 3 months)

COLLEGE APPLICATION FORM

Submit this form together with all admission requirements for your entrance examination permit and schedule. Only Complete application will be processed. **Please PRINT or TYPE YOUR ANSWERS.**

Surname: _____

First Name: _____

Middle Name: _____

Date Submitted: _____

Application Number (to be assigned by Admissions): _____

ID Number (to be assigned once enrolled): _____

Family Code (to be assigned once enrolled): _____

PERSONAL INFORMATION

Gender Male Female

Civil Status Single Married Others: _____

Living Arrangement At Home: Both Parents One Parent
Away from Home: Relatives Apartment/Dormitory/Condo

Are you Employed? Yes No
Name of Company: _____
Position: _____

Birth Date : _____ **Birth Place:** _____ **Age:** _____ **Height:** _____

Religion: _____ **Citizenship:** _____ **Weight:** _____

Landline / Mobile Number: _____

Email Address: _____

Permanent Address: _____
House No. / Street / Building / Barangay City Province Country Zip Code

Present Address: _____
House No. / Street / Building / Barangay City Province Country Zip Code

ENTRY INFORMATION (Indicate the degree program you plan to enroll in DLSAU)

DEGREE PROGRAM

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Are you applying for a scholarship? No Yes

If Yes: DLSAU OTHERS (Please specify: _____)

Scholarship are processed by the Scholarship Office.

DOCUMENTS SUBMITTED (DO NOT FILL THIS AREA)

Birth Certificate Transcript of Records

Good Moral Character Summary of Grades

Honorable Dismissal Report Card (F138)

Drug Test Result Letter of Recommendation

Report Card (F138) PEPT

Subject Description Form 137

International Students:

Valid Visa (Copy) I Card (Copy)

Passport (Copy)

LIST OF DEGREE PROGRAMS

<u>College of Veterinary Medicine and Agricultural Sciences</u>	<u>College of Education</u>	<u>College of Business and Management</u>
BS in Agriculture	Bachelor in Elementary Education	BS in Accountancy
Doctor of Veterinary Medicine	Bachelor in Secondary Education - English	BS in Tourism Management
BS in Food Technology	Bachelor in Secondary Education - Mathematics	BS in Hotel and Restaurant Management
<u>College of Arts, Science and Technology</u>	Bachelor in Secondary Education - Filipino	BSBA-Financial Management
AB Pyschology	Bachelor in Secondary Education - Physical Sciences	BSBA-Marketing Management
BS in Computer Engineering	Bachelor in Secondary Education - Music, Arts and Physical Education	
BS in Computer Science		

How did you learn about our school? Kindly check all that apply:

Student Alumni Faculty/Employee Exhibit Career Talk Print Ads Flyer website Referral Others: _____

EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL	SCHOOL ADDRESS	YEAR OF GRADUATION
GRADE SCHOOL			
JUNIOR HIGH SCHOOL			
SENIOR HIGH SCHOOL			
GRADE 11 STRAND:			
GRADE 12 STRAND:			
COLLEGIATE COURSE:			
MASTER'S DEGREE COURSE:			
DOCTORAL DEGREE COURSE:			
VOCATIONAL COURSE:			

LIST OF HONORS AND AWARDS RECEIVED

LIST OF MEMBERSHIP IN ON/OFF CAMPUS ORGANIZATION

FOR INTERNATIONAL STUDENT APPLICANT	PLACE OF ISSUE	DATE ISSUED	EXPIRATION DATE
VISA STATUS/TYPE :			
PASSPORT NO. :			
ACR NO. :			
CRTS No. (Certificate of Residence for Temporary Student) :			
SSP NO. (Special Study Permit) :			

FAMILY BACKGROUND	FATHER	MOTHER
NAME		
HOME ADDRESS		
EMAIL ADDRESS		
OCCUPATION		
TELEPHONE / MOBILE NUMBER		
EMPLOYER (Company Name)		
TYPE OF EMPLOYMENT	<input type="checkbox"/> Local <input type="checkbox"/> Abroad	<input type="checkbox"/> Local <input type="checkbox"/> Abroad
COMPANY ADDRESS		
TELEPHONE NUMBER		
HIGHEST EDUCATIONAL ATTAINMENT		
LAST SCHOOL ATTENDED		
GRADUATE OF GAUF/DLSAU?	<input type="checkbox"/> YES <input type="checkbox"/> NO Yr. of Graduation _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Yr. of Graduation _____
CIVIL AND MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced/Annulled <input type="checkbox"/> Deceased <input type="checkbox"/> Cohabitation <input type="checkbox"/> Single parent (not married)	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced/Annulled <input type="checkbox"/> Deceased <input type="checkbox"/> Cohabitation <input type="checkbox"/> Single parent (not married)
BIRTHDAY and AGE		
NATIONALITY		
CITIZENSHIP		

SIBLINGS INFORMATION (Please list down your siblings from eldest to youngest.)

NAME	GENDER	AGE	CIVIL STATUS	SCHOOL / COMPANY	YR.LEVEL/YR.GRADUATE/OCCUPATION

APPROXIMATE GROSS ANNUAL INCOME THE FAMILY (Please check one)

- Below 100,000.00 300,001.00 - 400,000.00
 100,001.00 - 200,000.00 400,001.00 - 500,000.00
 200,001.00 - 300,000.00 Above 500,000.00

Guardian Information

Name: _____ Relationship: _____
 Religion: _____ Age: _____ Contact No. _____
 Address: _____

CURRENT HEALTH CONDITION

How would you rate your current health? Excellent Good Fair Poor

Are you presently under a medical doctor's care? Yes No

If yes, name of conditions being treated _____

Prescribing Physician: _____

Clinic Telephone No.: _____

Have you ever been diagnosed by a mental health professional with the following conditions:

- ADHD/ADD Yes No Date: _____
 Depression Yes No Date: _____
 Eating disorder Yes No Date: _____
 Autism/Asperger Yes No Date: _____
 Learning Disorder Yes No Date: _____
 Addiction (please specify) _____ Date: _____
 Others, please specify _____ Date: _____

Has any of your immediate family been diagnosed with the above conditions? Yes No Please specify: _____

Have you ever been treated for Psychological reasons? Yes No Date: _____ Reason: _____

Have you ever tried inflicting harm to yourself? Yes No Date: _____ Reason: _____

Have you ever entertained thoughts of committing suicide? Yes No Date: _____ Reason: _____

Have you ever seriously considered or attempted suicide? Yes No Date: _____ Reason: _____

How would you rate your current level of stress? Low Moderate High Very High

CAREER INFORMATION

Do you plan to shift? or stay in your present course? College or course where you plan to shift? _____

What factors influenced you most in choosing your course? _____

DEPARTMENT AND APPLICATION DISCLOSURE

Is this your first time to apply at DLSAU? Yes No (State date of previous application: _____)

Please indicate/state your previous application status: _____

Where you ever dismissed, suspended or placed on disciplinary probation? Yes No

If Yes, please give details (dates, offenses, penalties): _____

De La Salle Araneta University aims to provide equal educational opportunities for applicants with special education needs. The final acceptance or non-acceptance of applicants are based on the merits of their application and the ability of the College to provide service for their conditions.

Do you have physical disability (e.g. heart condition, visual/hearing impairment, etc.), special learning needs (e.g. dyslexia, ADHD, ASD, etc.), or psychological/emotional condition that may affect your schooling at DLSAU?

NO YES, please specify: _____
 (Submit updated Developmental History Form dated within the last six months.)

AUTHORIZATION

I have carefully read the contents of this application form. I hereby certify that the information given herein is true and correct. Falsification, misrepresentation, or withholding of information, or withholding of information requested in this form will automatically nullify my application.

This also authorizes any school I have previously attended to release any information/records requested by De La Salle Araneta University in relation to this application. The University may use such information in the processing of this application.

Printed Name and Signature
Applicant

Date

Printed Name and Signature
Parent/Guardian

Date