

EDUCATIONAL BACKGROUND			
LEVEL	NAME OF SCHOOL	SCHOOL ADDRESS	SCHOOL YEAR
GRADE SCHOOL			
JUNIOR HIGH SCHOOL			
SENIOR HIGH SCHOOL 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

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 (Please check one)

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

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

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