Polytechnic University of the Philippines OPEN UNIVERSITY SYSTEM

OFFICE OF THE REGISTRAR

4th Floor, NALLRC, Mabini Campus, Sta. Mesa, Manila Tel. 3387409/7167832-35 loc. 325

APPLICATION FOR ADMISSION

Date _____

THE EXECUTIVE DIRECTOR Open University System This University

Thru: THE REGISTRAR Open University System

Dear Sir/Madam:

I wish to apply for admission as (please check) []New Student []Transferee this ______Semester, School Year ______ to take up / continue (please check) []BBrC []BSEM []PBDIT []MC []MEM []MPA []MSCM []MSIT []NTSP []ETEEAP course/program in the []School of Distance Education []School of Professional Studies.

I. PERSONAL BACKGROUND

NAME:		,				
Last	Name	First N	lame	Middle Name	Maiden (if married)	
ADDRESS:					· · ·	
PROVINCIAL ADDRE	ESS:					
GENDER: []Male []Female CIV		CIVIL STATUS:		NATIONALITY:		
DATE OF BIRTH	-		PLACE OF BIRTH			
COMPANY/AGENCY						
ADDRESS:						
CONTACT NOS: Re	sidence:			Mobile No.		
Pro	v'l Res:			Mobile No.		
Off	ice:			Mobile No.		
e-r	nail addre	ss/es:				

II. EDUCATIONAL BACKGROUND

Level	Name of School	Degree Course	Year Graduated	Units Earned (if not graduated)	Scholarship/ Academic Honors Rcvd.
ELEMENTARY					
SECONDARY					
VOCATIONAL/ TRADE SCHOOL					
COLLEGE					
POST BACC.					
GRADUATE STUDIES					

I hereby affirm that all information given herewith are complete and accurate. I am aware that any or all of the information furnished in this application may be checked against original documents and that concealing/or giving false information will disqualify me for admission and/or subject me for dismissal. Furthermore, I agree to finish the course within the prescribed period otherwise this will be a ground for my honorable dismissal. I agree to abide by the policies, rules and regulations of the Polytechnic University of the Philippines – Open University System.