



**COLLEGE OF MEDICINE ONLINE APPLICANT PROFILE SHEET**  
 (for New Students and Transferees)

Reminders

1. Write NA/none for not applicable inquiry
2. Do not leave any spaces blank/unanswered

Date of Application: \_\_\_\_\_

**Note:** CNU is not yet accepting students outside the Philippines or residing/working abroad. If in the event that you failed to disclose this information and enrolled yourself even though you are outside the country, subjects taken will not be credited and no refund of any payment made.

**PERSONAL DATA**

Name \_\_\_\_\_  
SURNAME FIRSTNAME MIDDLE NAME

New Student (Yes or No): \_\_\_\_\_ Transferee (Yes or No): \_\_\_\_\_

AY/SY: \_\_\_\_\_ Email Address: \_\_\_\_\_

Facebook Account: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip Code of Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Present Address (boarding house/relative's house and etc.) \_\_\_\_\_

Zip Code of Present Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Religion: \_\_\_\_\_

Civil Status (put a check):  Single  Married  Widowed  Separated  Live-in  
 Annulled  Single Parent

Person to be contacted in case of emergency: \_\_\_\_\_

His/her address: \_\_\_\_\_

Telephone # and/or Mobile phone #: \_\_\_\_\_

If married, write Maiden Name (for ladies): \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Contact number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Contact number: \_\_\_\_\_

Annual Family Income: \_\_\_\_\_

Recent 2x2 colored picture with name and signature (scanned or picture copy)

**EDUCATIONAL BACKGROUND**

Name of School Last Attended (in full): \_\_\_\_\_

Degree Program: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School Address: \_\_\_\_\_

Academic/ Latin Honors Received: \_\_\_\_\_

Name of College/University (if transferee): \_\_\_\_\_ Degree Program: \_\_\_\_\_

*I hereby attest that the information provided herewith are true and correct. Further, I hereby authorize Cebu Normal University to utilize the data for admission purpose and whatever legal purpose this may serve.*

\_\_\_\_\_  
**PRINTED NAME AND SIGNATURE OF APPLICANT**



Certification Date: 1 February 2021  
 Recertification due date: 24 January 2024  
 For verification of the certificate please access [www.gcl-intl.com](http://www.gcl-intl.com) (Certification check and type the registration number)

