

Republic of the Philippines CEBU NORMAL UNIVERSITY Osmeña Blvd. Cebu City, 6000 Philippines

PLEASE CHECK AND FILL-IN:

[] RETURNEE

NEW STUDENT [] Freshmen [] Transferee

Office of the University Registrar Telephone No.: (+63 32) 254 0067 | 254-1452 local 134

	Email: registrar@cnu.edu.ph Website: www.cnu.edu.ph		Last Term & School Year Attended [] SHIFTEE Previous Course:	
STUDENT'S	PERSONAL DATA SHEET	Previous Course:_ New Course:		
Date Filed	:	[] CROSS-ENROLE		
Academic Year and Semester	:	— [] FOREIGN STUDI		
Student Number	:			
Learning Reference Number (LRN)	:			
Course & Major	:			
Last Name	<u>:</u>			
First Name	:			
Middle Name	:			
Date of Birth	:			
Place of Birth	:			
Sex	:			
Religion	:			
Citizenship	:			
Civil Status	:			
Spouse Name	:			
Parent Name	:			
Guardian Name	:			
Provincial Address	: Province:			
	Sitio/Barangay:			
	Congressional District:			
Cebu City Address	:	-		
Cell No.	:			
Landline No.	:			
E-mail Address	:			
Previous School Last Attended & Address				
Last term attended thereat				
Name and Address of Senior High School Attended	·			
· ·	:		[] Public	
	d:		[] Fublic	
Name and Address of Secondary School Attended Year Graduater	: <u> </u>		[] Public	
		[] Private	[] Fublic	
Name and Address of Primary School Attended	· <u> </u>		I India.	
Extra Curricular Activities	d:	[] Private	[] Public	
How Supported:	·			
ParentsSelf-Supported Part-self S	Scholar, please write the name of scholar	arship grant:		
Employed, please write the name of emplo	oyer & tel. no.:			
Annual Family Income:				
P 250,000 aboveP 199,999-150,	000 P 99,999-50,000			
P 249,999-200,000P 149,000-100,	000 P 49,999 & below			
I HEREBY CERTIFY on my honor that the to collect my personal information and utilize	above entries are true and correct and I ze the data for academic and whatever l	hereby authorize Cebu Normal Uegal purposes this may serve.	niversity	
	_	Signature Over Printed Name	<u> </u>	
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