SDF-TEC -353-001-02	Republic of the Philippines Cebu Normal University	Testing Center Copy
	TESTING CENTER	
1902	Telephone No.: (+63 32) 254 1452 local 150 Website: <u>www.cnu.edu.ph</u>	
Reminders:	ILS ADMISSION FORM	
 Write NA/none for not applicable inquiry Do not leave any spaces blank/unanswered 		
Admission Slip No.:	O.R No.:	Recent 2X2 colored picture with name & signature
Date of Application:		
PROGRAM APPLIED FOR; (Check One). (Only <u>OM</u> KINDERGARTEN	<u>NE SECTION</u> will be admitted) SECONDARY	(For walk-in applicants, please do not staple your picture. Use paste/glue.)
(Please print all the entries)		
Name:		
(Family Name) (G Sex: Age: Nationality:	Given Name) (Middle Name) Birth Date:	
	City Address:	Zip Code:
-	umber: Email Address:	
Name of School Last Attended (in full): School Address:	GPA:	
Sector, please check one: Public Private	If private school, please check one:	Sectarian Non-Sectarian
	Signature of Applicant/Parent	
(To be filled out by the Testing Center)	• • • • • • • • • • • • • • • • • • • •	
Examination Date:	Time: Attende	ed by:
Test Result (Check (/) one): Qualified for Interview	w: Not Qualified for Interview:	
	Printed Name and Signature of the Testing Director	
	Tear Here	
State of the second second	Republic of the Philippines	Applicant's Copy
	Cebu Normal University	Applicant's Copy
	TESTING CENTER Telephone No.: (+63 32) 254 1452 local 150	
A functions	Website: <u>www.cnu.edu.ph</u>	Recent 2X2 colored picture
	ADMISSION SLIP	with name & signature
Reminders: 1. Write NA/none for not applicable inquiry		
 Do not leave any spaces blank/unanswered 		(For walk-in applicants, please do
Admission Slip No.: Date of Application:	O.R No.:	not staple your picture. Use paste/glue.)
PROGRAM APPLIED FOR; (Check One). (Only <u>ON</u> KINDERGARTEN	<u>NE SECTION</u> will be admitted) SECONDARY	
(Please print all the entries)		
Name:		
	Given Name) (Middle Name)	
Sex: Age: Nationality: Name of School Last Attended (in full):	Birth Date: GPA:	
(To be filled out by the Testing Center)		
Examination Date: Time: Date of Posting of Qualifiers:	Venue: Attended by:	
REQUIREMENTS DURING THE ADMISSION TEST		
 Admission Slip Plastic (transparent) Envelope 	 Valid identification (ID Pencils, sharpener, eras 	
Guidelines: (PLEASE READ)		
 Report on time to the designated room/venue as schedule No bags allowed, use the plastic envelope. 	ed (late comers will not be entertained). Take a full meal prior to the exam. Onl	y water, biscuits and candies are allowed to be taken.
2. Proper dress code must be observed. (Slippers, Shorts and	l Sleeveless shirts are not allowed). sting. Results will be QUALIFIED and NOT QUALIFIED only. Those who v	will be posted as "OUALIEIERS FOR
INTERVIEW" are considered as "Qualified" and t	hose not included in the said list are understood to be "Not Qualified hall be no scores given. You may call in our office to inquire if the applicant	d." Hence, test results will just be a description
Please be guided accordingly. Thank you!		
· · · · · · · · · · · · · · · · · · ·	Printed Name and Signature of the Testing Director	
Certification Date: 1 February 2021 Recertification due date: 24 January 2024 For verification of the certificate please	SDF-TEC -353-001-02	ense Seite
ISO 9001 5955 Registration No. 52Q18778		