

Republic of the Philippines **CEBU NORMAL UNIVERSITY**

Office of the University Registrar Telephone No.: (+63 32) 25+-1452 local 134; (+63 32) 25+ 0067

	Email: registrar@cnu.edu.ph Website: www.cnu.edu.ph	[] RETURNEE		
STUDENT'S PERSONAL DATA SHEET		[] SHIFTEE	Last Term & School Year Attended [] SHIFTEE Previous Course:	
Date Filed	:	New Course:		
Academic Year and Semester	:	[] CROSS-ENROLE		
Student Number	:	FOREIGN STUD		
Learning Reference Number (LRN)	:	[] DUAL CITIZEN		
Course & Major	:			
ast Name	:			
First Name	:			
Middle Name	:			
Date of Birth	:			
Place of Birth	:			
Sex	:			
Religion	:			
Citizenship	:			
Civil Status	:			
Spouse Name	:			
Parent Name	:			
Guardian Name	:			
Provincial Address	: Province:	City/Municipality:		
	Sitio/Barangay:			
	Congressional District:			
Cebu City Address	:			
Cell No.	:			
Landline No.	:			
E-mail Address	:			
Previous School Last Attended & Address	:			
ast term attended thereat				
Name and Address of Senior High School A				
_	Graduated :		[] Public	
Name and Address of Secondary School Atte				
•	Graduated :	[] Private	[] Public	
Name and Address of Primary School Attend			[] I ubiic	
•		[] Private	[] Public	
Extra Curricular Activities	Graduated:		[] I ublic	
How Supported:				
ParentsSelf-Supported Part-	self Scholar, please write the name of scho	olarship grant:		
Employed, please write the name	of employer & tel. no.:			
Annual Family Income:				
P 250,000 aboveP 199,9	999-150,000P 99,999-50,000			
P 249,999-200,000P 149,	,000-100,000P 49,999 & below			
I HEREBY CERTIFY on my hono to collect my personal information	r that the above entries are true and correct an and utilize the data for academic and whateve	d I hereby authorize Cebu Normal er legal purposes this may serve. Signature Over Printed Nar		
1		Signature Over Printed Nat	oc l	

SDF-URO-105-002-02







PLEASE CHECK AND FILL-IN: NEW STUDENT [] Freshmen

[] Transferee

