

Republic of the Philippines Cebu Normal University

Osmeña Blvd., Cebu City, 6000, Philippines



Telephone No.: (+63 32) 254 4837 Email: <u>cn@cnu.edu.ph</u> Website: <u>www.cnu.edu.ph</u>



1. Print all entries (CAPITAL LETTERS)

CEBU NORMAL UNIVERSITY UNDERGRADUATE APPLICANT PROFILE SHEET (for freshmen)

2. PASTE your 2x2 latest/recent picture (College of Nursing copy) with name tag 3. Write NA (not applicable) or none for those queries that are not related to your Application No. CN-Date of Application: experiences. 4. Do not leave any spaces PERSONAL DATA blank/unanswered. 5. No UNDERGRADUATE APPLICANT PROFILE SHEET, NO APPLICATION FOR FIRSTNAME SURNAME MIDDLE NAME ADMISSION TESTING FORM Degree Program Applied For: _____ 2 x 2 latest 3rd option: 2nd option: AY/SY: colored picture with Email Address: name tag Facebook Account: Home Address:

Zip Code of Home Address:

Mobile phone: * Do not staple your Zip Code of Present Address: Guardian/Landlady/Landlord's Name: Blood Type: Tel. # (boarding house/relative's house): _ ____ Weight: ___ ___ Height: _ Religion: ____ Sex: Widow□ Separat Live-in ☐ Annulled Singl⊕arent __ Age: __ Citizenship: Date of Birth: _____Place of Birth: _____ Person to be contacted in case of emergency: His/her address: Telephone #/Mobile phone #: If married, write Maiden Name (for ladies): Name of Spouse: Occupation: SURNAME FIRST NAME MIDDLE NAME Contact Number: ___ Occupation: Father's Name: ____ SURNAME FIRST NAME MIDDLE NAME Address: _ Contact number: Mother's Name: ____ __ Occupation: _____ SURNAME FIRST NAME MIDDLE NAME _____ Contact number: _____ Address: **EDUCATIONAL BACKGROUND** Name of Senior High School Currently Attending: GPA: _____LRN: _____Track: _____Strand: _____ Year Graduated: _____ School Address: ____ ____ Zip Code: ____ Sector, please check one: _____ Public _____ Private If private school, please check one: _____ Sectarian _____ Non-Sectarian Academic Honors Received: ___

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 purposes and whatever legal purposes these may serve.

Year

Graduated

PRINTED NAME AND SIGNATURE OF APPLICANT SDF-CON-304-002-01



Course:









Courser):

Name of College/University (if transferee/2nd courser):



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