

SDF-TEC-353-003-02



Republic of the Philippines  
**Cebu Normal University**  
 Osmeña Blvd. Cebu City, 6000 Philippines

**Testing, Admission, Guidance and Counseling Services**

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## COLLEGE ADMISSION FORM

(2023 Revised)

CNU-TAGCS Form No. 1

Approved per Memo. Circular No. 27 dated

12 November 2023

Revision No. 1

### Reminders:

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

Date of Application \_\_\_\_\_ Application No. **(To be filled out by the Testing Center)** \_\_\_\_\_

Remarks/Signature (from the College/Department/Campus) \_\_\_\_\_

What are the top five (5) degree programs you intend to take/finish at CNU: (see list of undergraduate degree programs)

(Please take note that due to quota system, the your choices below will be used by the University of your actual placement/enrolment).

Choice	Degree Program	CNU Campus Where to Take the Degree Program		
		1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
First				
Second				
Third				
Fourth				
Fifth				

(Please print all the entries)

Name: \_\_\_\_\_  
 (Family Name) (Given Name) (Middle Name) (Extension Name, e.g. Jr, Sr, I. II. Etc.)

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present Address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Disability (if applicable) : \_\_\_\_\_

Senior High School / School Last Attended (if transferee) : \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Senior HighTrack : \_\_\_\_\_ Strand : \_\_\_\_\_ LRN: \_\_\_\_\_ GPA : \_\_\_\_\_

Sector, please check one: \_\_\_\_\_ Public \_\_\_\_\_ Private If private school, please check one: \_\_\_\_\_ Sectarian \_\_\_\_\_ Non-Sectarian

Recent 2X2 colored picture  
with name & signature

(Please do not staple your picture.  
Use paste/glue.)

### Socioeconomic Data:

Household Members	Name	Citizenship	Civil Status	Highest Educational Attainment	Present Occupation	Sources of Funds (in Pesos)			Total = (7) + (8) + (9)
						Income	Pension	Financial Assistance	
Applicant									
Mother									
Father									
Brother(s)									
Sister(s)									
Other Household Member(s)									
<b>Total Family Income:</b>									

Are you a first (1<sup>st</sup>) generation in the family to take up higher education?  Yes  No

If NO, which sequence of birth/generation are you part of? \_\_\_\_\_

Are you a member of a Cultural Minority Group?  No  Yes (specify) \_\_\_\_\_

### ATTESTATION AND INFORMED CONSENT:

I hereby attest to the veracity of the foregoing entries/data; and I also voluntarily authorize the University to process, further verify from appropriate office/s, and prepare the necessary statistics or report thereof as required by competent authority/ies, subject to the Data Privacy Act of 2012 (R.A. No. 10173) and its Implementing Rules and Regulations, Revised University Code and applicable policies of the University, and such laws, rules and regulations.

\_\_\_\_\_  
Applicant's Signature

(To be filled out by the Testing Center)

Examination Date: \_\_\_\_\_ Time: \_\_\_\_\_ Attended by: \_\_\_\_\_

Test Result (Check (/) one): Qualified for Interview: \_\_\_\_\_ Not Qualified for Interview: \_\_\_\_\_

**GENESIS C. DEJAN, RPsy**

Printed Name and Signature of the Office Head

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



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*Signature*