

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



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

[] RETURNEE

[] Transferee

Office of the University Registrar

Telephone No.: (+63 32) 254-1452 local 134; (+63 32) 254 0067 Email: registrar@cnu.edu.ph Website: www.cnu.edu.ph

STUDENT'S PERSONAL DATA SHEET		ET []SHIFTEE	Previous Course:	
Date Filed	:	New Course: _		
Academic Year and Semester	÷	[] CROSS-ENRO		
Student Number	:			
Learning Reference Number (LRN)	:	[] DUAL CITIZE	ıN .	
Course & Major	:			
Last 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:	Province:City/Municipality:		
	Sitio/Barangay:	Street:	House No	
	Congressional District:	Zip Code:		
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 A	Attended :		_	
_	r Graduated :		[] Public	
Name and Address of Secondary School At			[] I wone	
	r Graduated :		[] Public	
Name and Address of Primary School Atter			[] I ublic	
•			[] Dublic	
Extra Curricular Activities	r Graduated:	[] Frivate	[] Public	
How Supported:	-		_	
ParentsSelf-Supported Part-	-self Scholar, please write the name of	scholarship grant:		
Employed, please write the name	e of employer & tel. no.:			
Annual Family Income:				
P 250,000 aboveP 199	,999-150,000P 99,999-50,000			
P 249,999-200,000P 149	9,999-100,000P 49,999 & below	,		
	or that the above entries are true and corre n and utilize the data for academic and wha		ll University	
		Signature Over Printed Na	me	

SDF-URO-105-002-02







