



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

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

CNU-TAGCS Form No. 1
 Approved per Memorandum Circular
 No. 27 dated 12 November 2023
 Revision No. 2

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, your choices below will be used by the University of your actual placement/enrolment)

Choice	Degree Program (Specify Major if applicable)	CNU Campus Where to Take the Degree Program		
		1 st Choice	2 nd Choice	3 rd Choice
First				
Second				
Third				
Fourth				
Fifth				

Recent 2X2 colored picture with name & signature

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

(Please print all the entries)

Name: _____
 (Family Name) (Given Name) (Middle Name) (Extension Name; e.g. Jr., Sr., I, II, etc.)
 Assigned Sex at Birth: _____ Gender Identity: _____ Age: _____ Citizenship: _____ Birth Date: _____
 Home Address: _____ Zip Code: _____ Mobile Number: _____
 Present Address: _____ Zip Code: _____ Telephone Number: _____
 Disability (if applicable) : _____ Email Address: _____
 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

Socioeconomic Data:

Household Members	Name	Citizenship	Civil Status	Highest Educational Attainment	Present Work / Livelihood / Occupation	Sources of Funds (in Pesos)			Total
						Income (Monthly)	Pension (e.g. SSS, GSIS, others) Monthly	Financial Assistance (e.g. 4Ps, PWD, others) Monthly	
Applicant									
Mother									
Father									
Brother (s)									
Sister (s)									
Other Household Members									
Total Monthly Family Income:									
Total Annual Family Income:									

Are you the eldest among the siblings? No Yes
 If NO, what is your birth order? _____
 Member of 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/es, 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.

 Signature Over Printed Name of Applicant

(To be filled out by the Testing Center)

Examination Date: _____ Time: _____ Attended by: _____
 Test Result (Check (/) one): Qualified for Interview: _____ Not Qualified for Interview: _____

 Printed Name and Signature of the Office Head



Certification Date: 24 January 2024
 Recertification due date: 24 January 2027
 For verification of the certificate please access www.gcl-intl.com (Certification check and type the registration number)

