Republic of the Philippines

Cebu Normal University

Testing, Admission, Guidance and Counseling Services
Telephone No.: (+63 32) 254 1452 local 150

Email: testing@cnu.edu.ph Website: www.cnu.edu.ph



TAGCS Copy

ILS ADMISSION FORM

P 1	ILS AD	MISSION FORM		
Reminders: 1. Write NA/none for not applicable inquiry				
 Write NA/none for not applicable inquiry Do not leave any spaces blank/unanswered 				
Date of Application: O.R	No.:			Pagent 2V2 colored picture
				Recent 2X2 colored picture
Remarks/Signature (from the College/Departs	nent/Campus)			with name & signature
PROGRAM APPLIED FOR; (Check One). (mitted)		
KINDERGARTEN SECONDARY				(For walk-in applicants, please
				do not staple your picture. Use
(Please print all the entries)				paste/glue.)
Name:				
	(Ci N)	(M: J.II., N)		
(Family Name)	(Given Name)	(Middle Name)		
Sex: Age: Nationality:				
	Mobile Number: Email Ad			
City Address:				
Name of School Last Attended (in full):				
Mother's Occupation:				
Father's Occupation:	M	onthly Income:		_
Note: Qualifiers will be posted according to the as "Qualified" and those not included in a our office to inquire for further information. Qu By signing by	the said list are understood to lalifiers should follow the assigned so elow, I acknowledge that I have full	be "Not Qualified." The chedule for interview. Pleas ly read, understood, and agn	re shall be no scores e be guided accordingly reed with the protocol s	given. You may call in
	Signature over Printed N	Tame of Applicant/Parent/	Guardian	
(To be filled out by the Testing Center)				
Examination Date:	Time:		Attended b	y:
		Signature of the TAGCS – H Tear Here		★ Applicant's Copy
Cebu Normal University Testing, Admission, Guidance and Counseling Services Telephone No.: (+63 32) 254 1452 local 150 Email: testing@cnu.edu.ph Website: www.cnu.edu.ph				AGONG PILIPINAS
	$\mathbf{AD}I$	MISSION SLIP		
Reminders: 3. Write NA/none for not applicable inquiry 4. Do not leave any spaces blank/unanswered Date of Application: O.R No.: PROGRAM APPLIED FOR; (Check One). (Only ONE SECTION will be admitted) KINDERGARTEN SECONDARY (Please print all the entries) Name:				Recent 2X2 colored picture with name & signature (For walk-in applicants, please do not staple your picture. Use paste/glue.)
(Family Name)	(Given Name)	(Middle Name)		
Sex: Age: Nationality: Name of School Last Attended (in full):				
(To be filled out by the Testing Center)			•	
Examination Date:	ime: V	enue:	_	
Date of Posting of Qualifiers:	Attended by:			
REQUIREMENTS DURING THE ADMISSION TES' 1. Admission Slip		3. Valid	l identification (ID)	
2. Plastic (transparent) Envelope Guidelines: (PLEASE READ) 1. Report on time to the designated room/venu No bags allowed, use the plastic envelope. 2. Proper dress code must be observed. (Slipper 3. Qualifiers will be posted according to the give	e as scheduled (late comers will not be e s, Shorts and Sleeveless shirts are not all en date of posting. Those who will be	entertained). Take a full meal powed). posted as "QUALIFIERS FO	OR INTERVIEW" are co	onsidered as "Qualified" and those not
included in the said list are understood follow the assigned schedule for interview. P			ay can in our office to inqu	ire for further information. Qualifiers should



By signing below, I acknowledge that I have fully read, understood, and agreed with the guidelines stipulated above.

Signature over Printed Name of Applicant/Parent/Guardian

Printed Name and Signature of the TAGCS - Head

©S

