



Republic of the Philippines **Cebu Normal University**

Osmeña Blvd., Cebu City, 6000, Philippines

College of Nursing and Allied Health **Sciences**

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



1. Print all entries (CAPITAL LETTERS)

2. **PASTE** your 2x2 <u>latest/recent picture</u> with name tag
3. Write NA (not applicable) or none for

Reminders

CEBU NORMAL UNIVERSITY UNDERGRADUATE APPLICANT PROFILE SHEET

(for freshmen) (College of Nursing copy)

Application No. <u>CN-</u>	Date of Application:		those queries that are not related to your experiences. 4. Do not leave any spaces blank/unanswered.	
PERSONAL DATA			5. No UNDERGRADUATE APPLICANT PROFILE SHEET, NO APPLICATION FOR ADMISSION TESTING FORM	
Name:				
	FIRSTNAME	MIDDLE NAME		
Degree Program Applied For: _ 2 nd option:	<u> </u>		2 x 2 latest	
2 nd option:	3 ^{ra} option:			
AY/SY:			colored picture with	
Email Address:			name tag	
Facebook Account:			* Do not staple your picture	
Home Address:			* Use poste/glue	
Zip Code of Home Address: Home Phone:				
Home Phone:	Mobile phone: _			
rieselii Address (boarding nod	serreialive s riouse)			
Zip Code of Present Address: _				
Guardian/Landlady/Landlord's I	Name:			
Tel. # (boarding house/relative's	s house):	Bloo	d Type:	
Religion:	Height:	Weight:	_ Sex:	
Religion:Civil Status (put a check):	☐ Annulled	☐ Single Parent		
Citizenship: Date of Birth:	Age:	•		
Date of Birth:	Place of Birth:			
Person to be contacted in case	of emergency:			
His/her address:	J ,		_	
Telephone #/Mobile phone #:				
If married, write Maiden Name				
Name of Spouse:		Occup	ation:	
Name of Spouse:	FIRST NAME	MIDDLE NAME		
Contact Number:				
Father's Name:SURNAME		Occup	oation:	
SURNAME	FIRST NAME	MIDDLE NAME		
Address:		Contact number:		
Mother's Name:			pation:	
SURNAN Address:	IE FIRST NAME M			
EDUCATIONAL DAGKODOUN	ID.			
EDUCATIONAL BACKGROUN				
Name of Senior High School Cu				
GPA:LRN:				
ear Graduated: School Address:		Zip Code:		
Sector, please check one:				
If private school, please check				
Academic Honors Received:		_		
Course:	College/University (if transferee/2nd courser):		D Courser):	
	- ··	(

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.

PRINTED NAME AND SIGNATURE OF APPLICANT







