


SDF-TEC-353-009-00



Republic of the Philippines

Cebu Normal University


Osmeña Blvd. Cebu City, 6000 Philippines

Testing and Admission Services Unit

Telephone No.: (+63 32) 254 1452 local 150

Email: testing@cnu.edu.ph

Website: www.cnu.edu.ph



Testing Center Copy

COLLEGE ADMISSION FORM

Reminders:

1. Write NA/none for not applicable inquiry

2. 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, 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				

(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)			
						Income (Monthly)	Pension (e.g. SSS, GSIS, others) Monthly	Financial Assistance (e.g. 4Ps, PWD, others) Monthly	Total
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

GCL INTERNATIONAL

UKAS MANAGEMENT SYSTEMS

ISO 9001 5965

Registration No. 52Q18778


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)

WURI

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Times Higher Education Impact Rankings



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