Republic of the Philippines Cebu Normal University

Email: tes Website



TASU Copy

Testing and Admiss

Telephone No.: (

sion Services Unit (TASU)	
+63 32) 254 1452 local 150	
sting@cnu.edu.ph	
: www.cnu.edu.ph	BAGONG P

Examination Date: Tin Date of Posting of Qualifiers:			_	
Examination Date: Tin	ne:	Venue:		
(To be filled out by the Testing Center)				
Sex: Age: Nationality: Name of School Last Attended (in full):	Birth Date:	Mobile Number: GPA:		
(Family Name)	(Given Name)	(Middle Name)		
Name:			_	paste/glue.)
(Please print all the entries)				(For walk-in applicants, please do not staple your picture. Use
PROGRAM APPLIED FOR; (Check One). (KINDERGARTEN	Only <u>ONE SECTION</u> will be SECONDARY	e admitted)		with name & signature
Do not leave any spaces blank/unanswered Date of Application: O.R				Recent 2X2 colored picture
Reminders: 1. Write NA/none for not applicable inquiry				
	A	DMISSION SLIP		
America Internal		osite: www.cnu.edu.ph	В	AGONG PILIPINAS
100 E		o.: (+63 32) 254 1452 local 150 : testing@cnu.edu.ph		
	Testing, Admission, Gui	idance and Counseling	Services Unit	
EMAL UN	*	blic of the Philippines Normal University		Applicant's Copy
	Printed Name a	and Signature of the Office Hea	 ad	
rest result (check (/) one); Quantied for it	interview.	Not Qualified for Intervio	Lvv	
Examination Date: Test Result (Check (/) one): Qualified for In				y:
(To be filled out by the Testing Center)			. • ••	
	Signature over Printed	l Name of Applicant/Parent/0		
by signing bei	low, I acknowledge that I have f	uny read, understood, and agi	cca wiai the protocol s	иримеч авоче.
information. Qualifiers should follow the assigned $% \left(1\right) =\left(1\right) \left(1\right) \left($	schedule for interview. Please b	be guided accordingly.	-	
Note: Qualifiers will be posted according to the grand those not included in the said list are				
Father's Occupation:		Monthly Income:		- -
Name of School Last Attended (in full): Mother's Occupation:		Monthly Income:		<u>-</u> -
City Address:	Telephone Nur	mber:	Zip Code:	
Sex: Age: Nationality: Home Address:				
(Family Name)	(Given Name)			
Name:				
(Please print all the entries)				paste/glue.)
PROGRAM APPLIED FOR; (Check One). (O KINDERGARTEN	Only <u>ONE SECTION</u> will be a SECONDARY	admitted)		(For walk-in applicants, please do not staple your picture. Use
Remarks/Signature (from the College/Departme	- ·			with name & signature
Date of Application: O.R No	.:			Recent 2X2 colored picture with name & signature
2. Do not leave any spaces blank/unanswered				
1. Write NA/none for not applicable inquiry	ILS A			

Plastic (transparent) Envelope

- Pencils, sharpener, eraser
- Guidelines: (PLEASE READ) 1. Report on time to the designated room/venue as scheduled (late comers will not be entertained). Take a full meal prior to the exam. Only water, biscuits and candies are allowed to be taken. No bags allowed, use the plastic envelope.
 - 2. Proper dress code must be observed. (Slippers, Shorts and Sleeveless shirts are not allowed).
 - 3. Qualifiers will be posted according to the given date of posting. Those who will be posted as "QUALIFIERS FOR INTERVIEW" are considered as "Qualified" and those not included in the said list are understood to be "Not Qualified." There shall be no scores given. You may call in our office to inquire for further information. Qualifiers should follow the assigned schedule for interview. Please be guided accordingly. Thank you!

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

Signature over Printed Name of Applicant/Parent/Guardian

Printed Name and Signature of the Office Head



Certification Date: 24 January 2024
Recertification due date: 24 January 20
For verification of the certificate please
Access www.gcl-intl.com (Certification
Check and type the registration numbe







