Application No.:_



West Visayas State University

COLLEGE OF MEDICINE

Luna St., La Paz, Iloilo City 5000
Iloilo, Philippines

Trunkline: (063) (033) 320-0870 to 78 loc. 1502 * Telefax No.: (033) 320-0879

* Website: www.wvsu.edu.ph * Email Address: com@wvsu.edu.ph





APPLICATION FOR ADMISSION School Year 2017-2018
(Date)
The Committee on Admissions College of Medicine West Visayas State University Iloilo City
Sir/Ma'am:
Please consider me an applicant for admission to the WVSU-College of Medicine for school year <u>2017-2018</u> .
I have read the regulations of the WVSU-College of Medicine and promise to abide by them.
Here are my personal data and other pertinent documents for appraisal as well as payment for the application.
Very truly yours,
(Signature over Printed Name)
-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x
I have given permission to my child to apply at the WVSU-College of Medicine this coming academic year. I am financially capable to support his/her medical education.
Signature Over Printed Name of Parent/Guardian
-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x
This is to certify that
This is to certify that an applicant for admission to the WVSU-College of Medicine, is a member of the (graduating/graduated)class of of the
(graduating/graduated)class of of the (degree/school year) (college or university)
(Dean / Registrar)
Paid Under OR No.: Date Paid:

Amount: _ Posted By:___



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STUDENT'S PERSONAL DATA

Last Nailie	First Name: Middle Name:
Email Address:	
	Age:
Place of Birth:	Citizenship: Filipino
Home Address:	 Dual Citizen ☐ Specify:
Phone Number:	Dual Citizen ☐ Specify: Sex: Civil Status:
	Religion:
	Sibling Rank:
	Occupation:
	Occupation:
	Phone Number of Parents:
	Address & Phone Number:
	Year Graduated:
	Year Graduated:
	ded:
-	
FOR DEGREE HOLDERS:	
Degree Earned:	
	Minor:
Major:	Minor: S.O. No.:
Major: Date of Graduation:	S.O. No.:
Major: Date of Graduation:	
Major: Date of Graduation: Academic Honors if any:	S.O. No.: GWA:
Major:	S.O. No.: GWA:
Major: Date of Graduation: Academic Honors if any: FOR GRADUATING STUDEN Course Being Taken: Major:	S.O. No.:GWA:
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Major: Date of Graduation: Academic Honors if any: FOR GRADUATING STUDEN Course Being Taken: Major: Tentative Date of Graduation	S.O. No.: GWA:
Major: Date of Graduation: Academic Honors if any: FOR GRADUATING STUDEN Course Being Taken: Major: Tentative Date of Graduatic General Weighted Average	S.O. No.: GWA: Minor: on: (seven semester work):
Major: Date of Graduation: Academic Honors if any: FOR GRADUATING STUDEN Course Being Taken: Major: Tentative Date of Graduation General Weighted Average	S.O. No.: GWA: Minor: on: (seven semester work):
Major: Date of Graduation: Academic Honors if any: FOR GRADUATING STUDEN Course Being Taken: Major: Tentative Date of Graduatic General Weighted Average NMAT: How many times have your Specify dates: Firs	S.O. No.: GWA: TTS: Minor: (seven semester work): Caken the NMAT? Percentile Rank:
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I hereby certify on my honor that the aforementioned data are true and correct. I understand that any dishonesty or misinformation on my part shall be ground for the disqualification of my application to the WVSU-College of Medicine.

(Signature of Applicant over Printed Name)

REQUIREMENTS FOR APPLICATION

- 1. Application Fee PhP400.00 (non-refundable)
- 2. 2 pcs. 2 x 2 recent ID picture
- 3. 2 pcs. Self addressed envelope (long) with postage stamps
- 4. Transcript of records (if machine copied must be authenticated by the Registrar) at least 80 GWA
- 5. Machine copy of NMAT result (at least 60%)
- 6. Certificate of Good Moral Character from the dean and guidance counselor/professor
- 7. Income tax return (latest)
- 8. NSO live birth certificate
- 9. COMELEC ID / Certificate of Residency
- 10. Lost application forms will not be replaced

All documents must be placed in a long white file folder and must be submitted not later than _____