	FORMS	Document No.	WVSU-COM-SOI-01-F01
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	July 15, 2015
		Issued by:	College of Medicine
		Page No.	Page 1 of 4



STUDENT'S PERSONAL DATA


Name: _____
 E-mail Address: _____ Cellphone #: _____
 Date of Birth: _____ Age: _____
 Place of Birth: _____ Citizenship: _____
 Home Address: _____ Sex: _____
 Phone Number: _____ Civil Status: _____
 City Address: _____ Religion: _____
 Phone Number: _____ Sibling Rank: _____
 Father: _____ Occupation: _____
 Mother: _____ Occupation: _____
 Address of Parents: _____ Phone Number of Parents: _____
 Guardian: _____ Address & Phone Number: _____
 Elementary School: _____ Year Graduated: _____
 Secondary School: _____ Year Graduated: _____
 College or University Attended: _____

FOR DEGREE HOLDERS:

Degree Earned: _____
 Major: _____ Minor: _____
 Date of Graduation: _____ S.O. No.: _____
 Academic Honors if any: _____ GWA: _____
 Other Awards: _____

FOR GRADUATING STUDENTS:

Course Being Taken: _____
 Major: _____ Minor: _____
 Tentative Date of Graduation: _____
 General Weighted Average (seven semester work): _____

	FORMS	Document No.	WVSU-COM-SOI-01-F01
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	July 15, 2015
		Issued by:	College of Medicine
		Page No.	Page 2 of 4

NMAT:

How many times have you taken the NMAT? _____

Specify Dates: First: _____ Percentile Rank: _____
 Second: _____ Percentile Rank: _____
 Third: _____ Percentile Rank: _____

Have you attended other medical schools? _____

If yes, where? _____

Reasons for leaving: _____


CERTIFICATION

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.

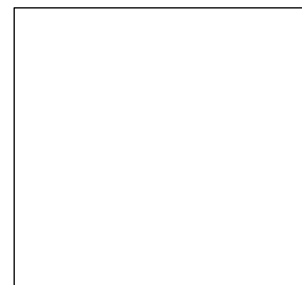
 (Signature of Applicant over Printed Name)

REQUIREMENTS FOR APPLICATION

1. Application Fee – Php400.00 (non-refundable)
2. 2 pcs. 2x2 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. 2 copies 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
10. Lost application forms will not be replaced

	FORMS	Document No.	WVSU-COM-SOI-01-F01
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	July 15, 2015
		Issued by:	College of Medicine
		Page No.	Page 3 of 4

APPLICATION FOR ADMISSION



(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 _____.

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)

GUARDIAN'S / PARENT'S CERTIFICATION

I have given permission to my child/ward _____ to enroll 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

	FORMS	Document No.	WVSU-COM-SOI-01-F01
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	July 15, 2015
		Issued by:	College of Medicine
		Page No.	Page 4 of 4

DEAN'S / REGISTRAR'S CERTIFICATION

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 _____.
(degree/school year) (college or university)

(Dean / Registrar)

Paid Under OR No.: _____

Date Paid: _____

Amount: _____

Posted By: _____