

Application No.: \_\_\_\_\_



**West Visayas State University**  
**COLLEGE OF MEDICINE**

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

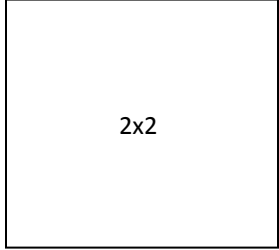
\* Trunkline: (063) (033) 320-0870 to 78 loc. 1502 \* Telefax No.: (033) 320-0879  
\* Website: www.wvsu.edu.ph \* Email Address: com@wvsu.edu.ph



Certificate No.: AJA16.0911

**APPLICATION FOR ADMISSION**

School Year 2018-2019



\_\_\_\_\_  
(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 2018-2019.

I have read the regulations of the WVSU-College of Medicine and promise to abide by it.

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-

**GUARDIAN'S / PARENT'S CERTIFICATION**

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-

**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: \_\_\_\_\_



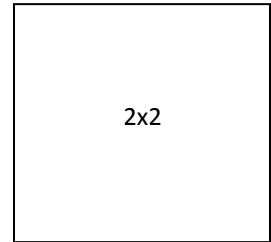
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**STUDENT'S PERSONAL DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Citizenship: Filipino   
 Home Address: \_\_\_\_\_ Dual Citizen  Specify: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Sex: \_\_\_\_\_ 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: \_\_\_\_\_

**FOR GRADUATING STUDENTS:**

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

**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. 2 x 2 ID picture, white background, taken within the last 3 months (scanned pictures are not acceptable)
3. 1 pc. 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 of parents (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 \_\_\_\_\_.