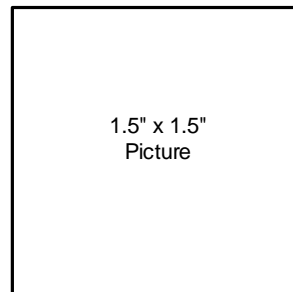


APPLICATION FORM-NON DEGREE

COMPLETELY FILL OUT THE ITEMS BELOW AND SUBMIT THIS FORM TOGETHER WITH THE OTHER REQUIRED DOCUMENTS AT THE ADMISSIONS OFFICE. USE BLACK INK ONLY.
 THIS FORM, THE OTHER SUBMITTED DOCUMENTS AND THE ENTRANCE EXAMINATION PAPERS SHALL BECOME PROPERTY OF MALAYAN COLLEGES LAGUNA AND ARE NOT TO BE RETURNED TO THE APPLICANT.
 THIS IS THE FIRST STEP TOWARDS ADMISSIONS. FILLING OUT THIS FORM DOES NOT GUARANTEE ENTRANCE TO ITS PROGRAMS. ADMISSION TO THE MALAYAN COLLEGES LAGUNA IS SUBJECT TO ITS ADMISSIONS AND RETENTION POLICIES.


 APPLICANT CLASSIFICATION CROSS-ENROLEE AUDIT COURSE SHORT COURSES
 COURSE APPLIED
APPLICANT INFORMATION

NAME	<input type="text" value="Surname"/>	<input type="text" value="Given Name"/>	<input type="text" value="Middle Name"/>
DATE OF BIRTH	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>
RELIGION	<input type="text"/>	NATIONALITY	<input type="text"/>
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
CIVIL STATUS	<input type="text"/>		
MAILING ADDRESS	<input type="text" value="BLK/LOT/HS/UNIT NO."/>	<input type="text" value="BLD G./STREET NAME"/>	<input type="text" value="VILLAGE / BARANGAY"/>
	<input type="text" value="CITY/MUNICIPALITY/PROVINCE"/>	<input type="text" value="ZIP CODE"/>	
PERMANENT ADDRESS (If different from mailing address)	<input type="text" value="BLK/LOT/HS/UNIT NO."/>	<input type="text" value="BLD G./STREET NAME"/>	<input type="text" value="VILLAGE / BARANGAY"/>
	<input type="text" value="CITY/MUNICIPALITY/PROVINCE"/>	<input type="text" value="ZIP CODE"/>	
EMAIL ADDRESS	<input type="text"/>	LANDLINE NO.	<input type="text"/>
		MOBILE NO.	<input type="text"/>

FAMILY BACKGROUND

FATHER'S NAME	<input type="text" value="Surname"/>	<input type="text" value="Given Name"/>	<input type="text" value="Middle Name"/>
EMAIL ADDRESS	<input type="text"/>	CONTACT NO.	<input type="text"/>
OCCUPATION	<input type="text"/>		
MOTHER'S NAME	<input type="text" value="Surname"/>	<input type="text" value="Given Name"/>	<input type="text" value="Middle Name"/>
EMAIL ADDRESS	<input type="text"/>	CONTACT NO.	<input type="text"/>
OCCUPATION	<input type="text"/>		
GUARDIAN	<small>Please write the name of the legal guardian in case parents are not available</small>		
	<input type="text" value="Surname"/>	<input type="text" value="Given Name"/>	<input type="text" value="Middle Name"/>
RELATION TO THE APPLICANT	<input type="text"/>	MAILING ADDRESS	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>	CONTACT NO.	<input type="text"/>
OCCUPATION	<input type="text"/>		

SCHOOL INFORMATION

SCHOOL NAME:	<input type="text"/>	SCHOOL CLASSIFICATION
SCHOOL ADDRESS:	<input type="text"/>	PUBLIC <input type="checkbox"/>
PROGRAM FROM PREV. SCHOOL FOR TRANSFEREES	<input type="text"/>	PRIVATE-SECTARIAN <input type="checkbox"/>
DATE OF GRADUATION FOR SECOND DEGREE	<input type="text"/>	PRIVATE NON-SECTARIAN <input type="checkbox"/>

To the Admissions Director,

I wish to apply for admission to your institution for academic year _____ - _____.

I hereby attest to the completeness and accuracy of all information supplied in this form. I understand that withholding of information or giving false information may nullify my application for admission or may jeopardize my continued stay after admission has been granted. Finally, I hereby allow/authorize Malayan Colleges Laguna to use, collect, and process the information for legitimate purposes specifically for admissions and allow authorized personnel to process the information pursuant to the Data Privacy policies of the Institute.

Respectfully yours,

_____ APPLICANT'S SIGNATURE/DATE	_____ PARENT'S/GUARDIAN'S SIGNATURE (For applicants under 18 years old)
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PLEASE DO NOT WRITE BELOW THE LINE

ADMISSIONS VERIFICATION

NAME	<input type="text"/>	COURSE APPLIED	<input type="text"/>
CREDENTIALS SUBMITTED	EXAMINATION RESULT		
<input type="checkbox"/> TRANSCRIPT OF RECORDS/COPY OF GRADES	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DENIED	
<input type="checkbox"/> SCHOOL ENDORSEMENT			
<input type="checkbox"/> OTHERS, _____			