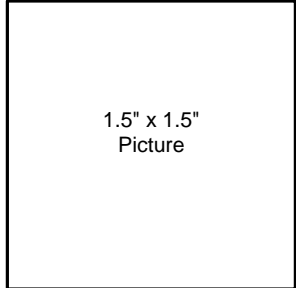


APPLICATION FORM-UNDERGRADUATE

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 FRESHMAN TRANSFEREE ANOTHER DEGREE

PROGRAM APPLIED _____

APPLICANT INFORMATION

NAME	_____		_____		_____		_____	
	<small>FAMILY NAME</small>		<small>GIVEN NAME</small>		<small>MIDDLE NAME</small>		<small>NICKNAME</small>	
DATE OF BIRTH	_____		PLACE OF BIRTH	_____		GENDER		_____
	<small>MONTH/DAY/YEAR</small>			<small>MUNICIPALITY/PROVINCE/COUNTRY</small>				
RELIGION	_____		NATIONALITY	_____		CIVIL STATUS		_____
MAILING ADDRESS	_____		_____		_____		_____	
	<small>BLK/LOT/HSE/UNIT NO.</small>	<small>BLDG./STREET NAME</small>	<small>VILLAGE / BARANGAY</small>	<small>CITY/MUNICIPALITY/PROVINCE</small>	<small>ZIPCODE</small>			
PERMANENT ADDRESS <small>(if different from mailing address)</small>	_____		_____		_____		_____	
	<small>BLK/LOT/HSE/UNIT NO.</small>	<small>BLDG./STREET NAME</small>	<small>VILLAGE / BARANGAY</small>	<small>CITY/MUNICIPALITY/PROVINCE</small>	<small>ZIPCODE</small>			
EMAIL ADDRESS	_____		LANDLINE NO.	_____		MOBILE NO.		_____

FAMILY BACKGROUND

FATHER'S NAME	_____		_____		_____		_____	
	<small>FAMILY NAME</small>		<small>GIVEN NAME</small>		<small>MIDDLE NAME</small>		<small>NICKNAME</small>	
EMAIL ADDRESS	_____		CONTACT NO.	_____		OCCUPATION		_____
								<small>PLEASE PROVIDE DESIGNATION</small>
MOTHER'S MAIDEN NAME	_____		_____		_____		_____	
	<small>FAMILY NAME</small>		<small>GIVEN NAME</small>		<small>MIDDLE NAME</small>		<small>NICKNAME</small>	
EMAIL ADDRESS	_____		CONTACT NO.	_____		OCCUPATION		_____
								<small>PLEASE PROVIDE DESIGNATION</small>
GUARDIAN <small>Please write the name of the legal guardian in case parents are not available</small>	_____		_____		_____		_____	
	<small>FAMILY NAME</small>		<small>GIVEN NAME</small>		<small>MIDDLE NAME</small>		<small>NICKNAME</small>	
RELATION TO THE APPLICANT	_____		CONTACT NO.	_____		OCCUPATION		_____
								<small>PLEASE PROVIDE DESIGNATION</small>

SCHOOL INFORMATION

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

To the Admissions Director,

I wish to apply for admission to your institution for _____ term, 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.

Respectfully yours,

 APPLICANT'S SIGNATURE/DATE

 PARENT'S/GUARDIAN'S SIGNATURE
 (For applicants under 18 years of age)

ADMISSIONS VERIFICATION

CREDENTIALS SUBMITTED		EXAMINATION RESULT	
<input type="checkbox"/> REPORT CARD/SCHOOL ID	BATCH NO.	_____	<input type="checkbox"/> MCLEE/MCLQE RATING
<input type="checkbox"/> TRANSCRIPT OF RECORDS/COPY OF GRADES	APPLICATION NO.	_____	STATUS OF APPLICATION
<input type="checkbox"/> NSO BIRTH CERTIFICATE	REFERENCE/PID NO.	_____	<input type="checkbox"/> ACCEPTED
<input type="checkbox"/> OTHERS, _____	PROCESSED BY:	_____	<input type="checkbox"/> DENIED