

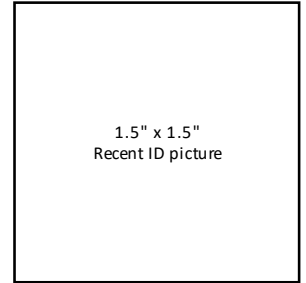


Malayan Colleges Laguna
A MAPÚA SCHOOL

Revision No.:
Revision Date:

APPLICATION FORM - NON-DEGREE

- ✓ COMPLETELY FILL OUT THE ITEMS BELOW AND SUBMIT THIS FORM TOGETHER WITH THE OTHER REQUIRED DOCUMENTS TO 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 (MCL) 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 MCL IS SUBJECT TO ITS ADMISSIONS AND RETENTION POLICIES.



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 or authorize Malayan Colleges Laguna (MCL) 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.

APPLICANT CLASSIFICATION AUDIT COURSE CROSS-ENROLLEE SHORT COURSES

PROGRAM APPLIED

APPLICANT INFORMATION		
FULL NAME	<input type="text" value="FAMILYNAME"/>	<input type="text" value="GIVEN NAME"/>
	<small>FAMILYNAME</small>	<small>GIVEN NAME</small>
	<input type="text" value="MIDDLE NAME"/>	
	<small>MIDDLE NAME</small>	
NATIONALITY	<input type="text"/>	EMAIL ADDRESS <input type="text"/>
CONTACT NOS.	<input type="text"/>	PREVIOUS STRAND <input type="text"/>

GUARDIAN INFORMATION	
<i>Note: This section is optional, provided that the contact details listed above are correct and active for the release of examination results.</i>	
FULL NAME	<input type="text" value="FAMILYNAME"/>
	<small>FAMILYNAME</small>
	<input type="text" value="GIVEN NAME"/>
	<small>GIVEN NAME</small>
CONTACT NOS.	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>
	<small>***MUST BE A WORKING OR ACTIVE EMAIL ADDRESS</small>
TOWN/MUNICIPALITY AND PROVINCE	<input type="text"/>

Respectfully yours,

APPLICANT'S SIGNATURE

GUARDIAN'S SIGNATURE (For applicants under 18 years old)

PLEASE DO NOT WRITE BELOW THE LINE

ADMISSIONS VERIFICATION	
NAME: <input type="text"/>	COURSE APPLIED <input type="text"/>
CREDENTIALS SUBMITTED	
<input type="checkbox"/> SCHOOL ENDORSEMENT	
<input type="checkbox"/> TRANSCRIPT OF RECORD / COPY OF GRADES	
<input type="checkbox"/> OTHERS: _____	