

IMPORTANT

In filling out this application form, submit three (3) 2" x 2" colored identification photographs. Sign your name on the lower portion of the photographs and print your name at the back thereof.

NAME:
Last Name First Name Middle Name



APPLICATION FOR ADMISSION
CEBU DOCTORS' UNIVERSITY
COLLEGE OF MEDICINE

1 Dr. P. V. Larrazabal Jr. Avenue, North Reclamation, 6014 Mandaue City, Cebu, PHILIPPINES
Tel: +63 (32) 238-8333 Ext. 8517 • Fax: +63 (32) 238-8764 • Email: cdu-cm@cebuDoctorsUniversity.edu • Web: cebudoctorsuniversity.edu/colleges/medicine

1. Full name in print:
Given name(s) Maternal maiden name Family name Married name
2. Date of birth:
Month Day Year
3. Citizenship: [] Filipino
[] Other
4. Sex: Male [] Female []
5. Place of birth:
6. Permanent home address:
.....
7. Home tel. no.:
Can we call collect? [] Yes No []
8. Mobile no.:
9. Email address:
10. Present address, if different from permanent address (specify until when effective):
..... Tel. no.:
11. Mailing address (address to which correspondence concerning this application can be directed with assurance that it will reach you):
.....
12. Father's name:
.....
13. Father's occupation (use specific terminology; if retired or deceased, indicate, stating former occupation):
.....
14. Father's address:
15. Mother's name:
.....
16. Mother's occupation (use specific terminology; if retired or deceased, indicate, stating former occupation):
.....
17. Mother's address:
18. Guardian's name:
.....
19. Guardian's occupation (use specific terminology):
20. Guardian's address:

21. Elementary school(s) attended	Location	Dates of attendance
..... to
..... to
..... to

22. Secondary school(s) attended	Location	Dates of attendance
..... to
..... to
..... to

23. College(s) attended (including summer terms)	Dates of attendance	Degree	Year
.....	..... to.....	.....	.....
.....	..... to.....	.....	.....
.....	..... to.....	.....	.....
.....	..... to.....	.....	.....
.....	..... to.....	.....	.....

24. Have you ever applied to this medical school before? If yes, when?

25. Have you ever applied to any medical school(s) before this? If yes, when?
 And in what school(s)?

26. Have you ever been admitted to any medical school? If yes, give dates of attendance and reasons for dropping.

27. List your high school extra-curricular activities and your degree of participation.

28. List your college extra-curricular activities and your degree of participation.

29. List your high school and college academic distinctions, if any.

30. Have you ever been employed? If yes, state nature of employment and duration.

31. What is the total number of years of college work completed by the expected date of entrance in medical school?

32. If you have discontinued your education in college for one semester or more, or if your college education has not been continuous over successive academic years, state which periods were discontinued and indicate reasons.
.....
33. Have you ever transferred from one high school to another or from one college to another? If yes, describe the circumstances.
.....
34. Have you taken the NMAT or do you expect to take it? If yes, when?
35. Has your family transferred from one city or province to another? If yes, state changes in residence, dates, and circumstances.
.....
.....
36. If your family does not live in the Mandaue City area, where do you expect to live if admitted to this medical school? (Indicate if with relatives, in a boarding house, etc.)
.....
37. Father's educational attainment (indicate whether elementary, high school, or college):
If beyond high school, write down degree and year completed.
If degree holder, write down school where degree was obtained.
38. Mother's educational attainment (indicate whether elementary, high school, or college):
If beyond high school, write down degree and year completed.
If degree holder, write down school where degree was obtained.
39. How do you expect to be supported through medical school? (Indicate if through parents' support, own savings, etc.)
.....
40. Will it be necessary for you to seek financial help other than from sources stated above to be able to complete your medical education?
41. Religion:
42. Civil Status: Single Married If married, give name of spouse and number of years married.
Give number of children, if any, and their ages.
.....
43. How many brothers do you have? Give ages.
How many sisters do you have? Give ages.
44. Give the names and addresses of three persons (not relatives) who have known you and can be character references, with whom the Committee on Admissions can correspond. At least one of them should be someone who has known you as a student in college and who has handled you in class.
- a.
b.
c.

45. In the space below,

- a. Give a brief, candid description of your personality, your goals, and plans for your career.
- b. Clarify any unusual aspect in your records.

Use additional sheets, if necessary.

I certify that

- a. I have not withheld from this application any information that might be an obstacle to my admission.
- b. I have not been admitted to and/or debarred from any medical school.
- c. I am not a member nor will I be a member of any group or association espousing hatred, violence, or any form of discrimination.
- d. my final admission will also depend on submission of my official credentials and all the grades to which I have claimed I have received.
- e. all information in this application is complete and correct to the best of my knowledge and belief.

.....

Signature

NOTE: This application form will not be considered complete without the supporting papers and other forms required.

PRIVACY STATEMENT

Cebu Doctors' University College of Medicine recognizes the importance of privacy and ensures that personal information will be treated with utmost confidentiality. In filling out this form, please be informed that the information you provide will be used by the College to process your application. Personal information may be shared within the University to supplement your admission and enrollment process.