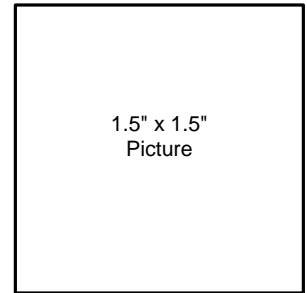




ACADEMIC YEAR _____ - _____

APPLICATION FORM



COMPLETELY FILL OUT THE ITEMS BELOW AND SUBMIT THIS FORM TOGETHER WITH THE OTHER REQUIRED DOCUMENTS AT THE ADMISSIONS OFFICE.

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 TO THE MALAYAN COLLEGES LAGUNA. 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 FOR FRESHMAN FOR NON-FRESHMAN FOR ANOTHER DEGREE

APPLICANT INFORMATION

NAME _____
FAMILY NAME GIVEN NAME MIDDLE NAME

PROGRAM APPLIED _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ GENDER _____

RELIGION _____ NATIONALITY _____

MAILING ADDRESS _____
BLK/LOT/HSE/UNIT NO. BLDG./STREET NAME BARANGAY CITY/MUNICIPALITY/PROVINCE ZIPCODE

PERMANENT ADDRESS _____
BLK/LOT/HSE/UNIT NO. BLDG./STREET NAME BARANGAY CITY/MUNICIPALITY/PROVINCE ZIPCODE

EMAIL ADDRESS _____ LANDLINE NO. _____ MOBILE NO. _____

FATHER'S NAME _____ OCCUPATION _____
 EMAIL ADDRESS _____ LANDLINE NO. _____ MOBILE NO. _____

MOTHER'S MAIDEN NAME _____ OCCUPATION _____
 EMAIL ADDRESS _____ LANDLINE NO. _____ MOBILE NO. _____

GUARDIAN'S NAME _____ CONTACT NO. _____ RELATIONSHIP _____
 GUARDIAN'S ADDRESS _____ EMAIL ADDRESS _____
(IF DIFFERENT FROM ABOVE)

FOR FRESHMAN:

HIGH SCHOOL NAME: TYPE: PUBLIC
 PRIVATE-SECTARIAN
 PRIVATE NON-SECTARIAN

HIGH SCHOOL ADDRESS:

SECTION:

FOR TRANSFEREE/ ANOTHER DEGREE:

PREVIOUS SCHOOL NAME PROGRAM FROM PREV. SCHOOL

PREVIOUS SCHOOL ADDRESS DATE OF GRADUATION (IF APPLICABLE)

TO : THE VICE PRESIDENT FOR ACADEMIC AFFAIRS _____ DATE _____
 THRU : THE ADMISSIONS DIRECTOR

I wish to apply for admission to your institution for the ____ term of academic year _____ - _____.

If admitted, I shall be guided by the policies of the MALAYAN COLLEGES LAGUNA and shall follow them strictly.

Finally, 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,

SIGNATURE OVER PRINTED NAME

DOCUMENTS PRESENTED

TRANSCRIPT OF RECORDS
 ACHIEVEMENT TEST RESULTS
 APTITUDE TEST RESULTS
 STUDY ATTITUDES AND METHODS TEST RESULTS
 OTHERS, PLEASE SPECIFY: _____

STATUS OF APPLICATION

APPROVED DISAPPROVED

VICE-PRESIDENT FOR ACADEMIC AFFAIRS
SIGNATURE/DATE