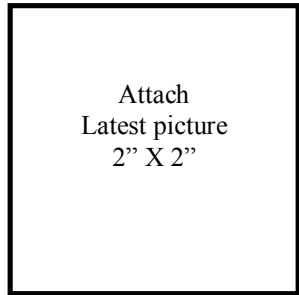


APPLICATION FOR ADMISSION
SILLIMAN UNIVERSITY
Dumaguete City Philippines 6200



Please fully accomplish this form and send to the ADMISSIONS OFFICER
 Silliman University Dumaguete City 6200, Philippines

P L E A S E P R I N T

Name: _____
 (Last) (First) (Middle name)
 High School General average: _____ (general admission requirement is at least 80%)
 Nursing/Physical Therapy Admission Test rating: _____ Year Taken: _____
 Home Address: _____ Tel No./Mobile: _____
 Dumaguete Address: _____ Tel No./Mobile: _____
 Date and Place of Birth: _____ E-mail address: _____
 Marital Status: _____ Citizenship: _____
 Religious Affirmation: _____ Blood Type _____ Gender: _____
 If foreigner, state status of admission: Immigrant Non-immigrant Balikbayan

Note: If foreigner, accomplish separate “Application for Study” permit at the Foreign Student Section/Admission Office.

Family Background (must be completed):
 No. of Children in your family: _____ No. of Children in college: _____
 No. of Children who have attended college: _____ High School: _____ Elementary: _____

Children in the family including yourself (your brothers and sisters)				
Name	Highest Degree Attained	School Attended	Inclusive Years	Year Graduated

List of Schools you attended (from elementary school up to college, if applicable)				
Name	Location	Certificate/ Degree Earned	Dates of Attendance	Year Graduated

Degree you wish to earn in Silliman: _____
 Earliest date you wish to enter Silliman: _____

Condition of health (check one): () Excellent () Good () Fair

State Nature of disability, if any: _____

Who/What influenced you to study in Silliman University?			Please write on the space provided below the name and address : _____
<input type="checkbox"/> Parents	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Brochure	
<input type="checkbox"/> Alumni	<input type="checkbox"/> University paper	<input type="checkbox"/> Radio Program	
<input type="checkbox"/> Letter	<input type="checkbox"/> Poster	<input type="checkbox"/> School of origin	
<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Friend	
			<input type="checkbox"/> School-to-School visit

Please describe below other factors: _____

	Father	Mother
Name :	_____	_____
Highest degree attended :	_____	_____
School attended :	_____	_____
Year graduated :	_____	_____
Occupation :	_____	_____

Annual Income : (Please check appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Below P50,000 | <input type="checkbox"/> Below P50,000 |
| <input type="checkbox"/> P 50,000 – 59,999 | <input type="checkbox"/> P 50,000 – 59,999 |
| <input type="checkbox"/> P 60,000 – 69,999 | <input type="checkbox"/> P 60,000 – 69,999 |
| <input type="checkbox"/> P 70,000 – 79,999 | <input type="checkbox"/> P 70,000 – 79,999 |
| <input type="checkbox"/> P 80,000 – 89,999 | <input type="checkbox"/> P 80,000 – 89,999 |
| <input type="checkbox"/> P 90,000 – 99,999 | <input type="checkbox"/> P 90,000 – 99,999 |
| <input type="checkbox"/> P 100,000 – 109,999 | <input type="checkbox"/> P 100,000 – 109,999 |
| <input type="checkbox"/> P 110,000 – 119,999 | <input type="checkbox"/> P 110,000 – 119,999 |
| <input type="checkbox"/> P 120,000 – 129,999 | <input type="checkbox"/> P 120,000 – 129,999 |
| <input type="checkbox"/> P 130,000 – 139,999 | <input type="checkbox"/> P 130,000 – 139,999 |
| <input type="checkbox"/> P 140,000 – 149,999 | <input type="checkbox"/> P 140,000 – 149,999 |
| <input type="checkbox"/> P 150,000 – 159,999 | <input type="checkbox"/> P 150,000 – 159,999 |
| <input type="checkbox"/> P 160,000 – 169,999 | <input type="checkbox"/> P 160,000 – 169,999 |
| <input type="checkbox"/> P 170,000 – 179,999 | <input type="checkbox"/> P 170,000 – 179,999 |
| <input type="checkbox"/> P 180,000 – 189,999 | <input type="checkbox"/> P 180,000 – 189,999 |
| <input type="checkbox"/> P 190,000 – 199,999 | <input type="checkbox"/> P 190,000 – 199,999 |
| <input type="checkbox"/> P 200,000 – 209,999 | <input type="checkbox"/> P 200,000 – 209,999 |
| <input type="checkbox"/> P 210,000 and above | <input type="checkbox"/> P 210,000 and above |

High School Graduated	School Address	Year Graduated
Father: _____	_____	_____
Mother: _____	_____	_____
Address and Contact number of Parents : _____		
Name, Address and Contact number of Guardian : _____		
Occupation: _____		

Who is responsible for the payment of your tuition and school fees? (Name and relationship)

Will you live in the dormitory?	If yes, what type of accommodation?
() Yes () No	() Regular () Cooperative
If no, where will you stay? (Specify name and address)	
Relative or Friend	Rooming House

The above information is true and correct. Once admitted in Silliman University, I hereby accept and abide by the rules and regulations of the University

_____	_____
Date	Signature of Student

FOR THE PARENT OR GUARDIAN

I, _____ of _____
 (Parent / Guardian) (Student)

hereby approve the application of my son/daughter/ward, for admission to Silliman University and hereby accept and agree to abide by the rules and regulations of the University.

_____	_____
Date	Signature of Parent or Guardian