



College Admissions Office
 Br. Andrew Gonzalez Hall
 De La Salle University
 2401 Taft Avenue, Manila 1004
 Telephone Nos. 5234230 (Direct); 5244611 loc 166 and 167
 Email: college.admissions@dlsu.edu.ph
 Website: www.dlsu.edu.ph

Undergraduate Application Form

PRINT OR TYPE all information and attach one 2x2 photograph as indicated on the right. Submit this form together with the other requirements to the DLSU College Admissions Office for your Entrance Examination schedule. **ONLY APPLICATIONS ACCOMPLISHED CORRECTLY AND COMPLETELY WILL BE PROCESSED.**



Application is made as a Freshman student Transfer student 2nd undergraduate degree student
 For the 1st Trimester 2nd Trimester 3rd Trimester School Year _____

PERSONAL DATA

LAST NAME _____
 FIRST NAME _____ NICKNAME _____
 MIDDLE NAME _____
 PERMANENT MAILING ADDRESS _____
 _____ POSTAL CODE _____
 E-MAIL ADDRESS _____ TEL NO. () _____ MOBILE NO. _____
 DATE OF BIRTH mo. day year PLACE OF BIRTH _____ AGE _____ SEX _____
 CITIZENSHIP _____ RELIGION _____ CIVIL STATUS _____

EDUCATIONAL BACKGROUND

GRADE SCHOOL	NAME AND ADDRESS OF SCHOOL	REGION	SCHOOL YEAR ATTENDED
Grade(s):1			
2			
3			
4			
5			
6			
7			

HIGH SCHOOL			
Year I			
II			
III			
IV			

COLLEGIATE		COURSE	
Year I			
II			
III			
IV			

INTENDED DEGREE PROGRAMS:
 (Refer to the separate Undergraduate Degree Programs course listing for the Degree Code)

DEGREE CODE
 FIRST CHOICE SECOND CHOICE THIRD CHOICE

DO NOT FILL
 HS GPA REFERENCE NO.

	L	R	S	M	MA	T
RS						
PR						

LAST NAME	FIRST NAME	MIDDLE NAME
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FAMILY BACKGROUND

FATHER	NAME	MOTHER
	CITIZENSHIP	
	HOME ADDRESS	
	E-MAIL ADDRESS	
	HOME TELEPHONE NO.	
	MOBILE PHONE NO.	
	OCCUPATION	
	EMPLOYER	
	BUSINESS ADDRESS	
	OFFICE TELEPHONE NO.	
	EDUCATIONAL ATTAINMENT	
	LAST SCHOOL ATTENDED	

Is your father or mother an employee of DLSU? Yes No If YES, who? Father Mother

Kindly check the classification of specified parent:

Administrator Faculty Academic Service Faculty Administrative Service Personnel Co-academic Personnel

Number of years of service _____

Is your father or mother an alumnus/alumna of DLSU? Yes No If YES, who? Father Mother

If Yes, kindly indicate

Level Grade School High School College Graduate School

Year Graduated _____

Degree _____

HOW MUCH IS YOUR ANNUAL FAMILY INCOME 500,000 and below 500,001 - 650,000 650,001 - 800,000 800,001 and above

ALTERNATE CONTACT PERSON _____

MAILING ADDRESS _____

TEL. NO. _____ MOBILE NO. _____ E-MAIL ADDRESS _____

BROTHERS and SISTERS (Please list from eldest to youngest)

NAME	AGE	CIVIL STATUS	SCHOOL	COURSE	YEAR LEVEL YEAR GRADUATED

Honors/Awards/Distinctions Received

Is this your first time to apply at DLSU? Yes No If NO, date of previous application _____

Reasons for applying at DLSU _____

Where did you get the information about DLSU? DLSU Website Ads
 Bulletin Boards Others, pls. specify _____

SCHOLARSHIP and FINANCIAL ASSISTANCE

Freshman applicants who wish to apply for Financial Assistance/Scholarship at DLSU (DOST grants included) MUST REQUEST for an application form for financial assistance at the College Admissions Office, and TOGETHER with this application form, submit all the other requirements.

Have you applied for scholarship in an outside agency? Yes No If YES, Name of Agency _____

CERTIFICATION

I certify that the information given herein is correct and complete. Falsification or withholding of information on this form will automatically nullify my application and/or subject me to dismissal from the University.

_____ Signature above printed name

_____ Date