



Adventist University of the Philippines

P.O. Box 1834, Manila 0901 Philippines
 Location Address: Puting Kahoy, Silang 4118 Cavite
 Tel. No. (049) 541-1211 to 25

ATTACH
 Picture
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APPLICATION FORM

Date Filed _____

Name		Last	First	Middle	(If Married Write Maiden Name)
Date of Birth	Place of Birth		Sex	Civil Status	Nationality
Weight	Height	Complexion		Health	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good
(Home/Mailing) Address					
E-mail		Fax No.		Telephone No.	
Religion	Church Membership (for SDA's)		Mission (for SDA's)	Date of Baptism	
Father's Name	Occupation	Religion	Address		
Mother's Name	Occupation	Religion	Address		
Honors if any (Indicate date)		Awards (Indicate date)			
Reference no. 1 Name		Address			
Reference no. 2 Name		Address			
Elementary School		Year Graduated	Address		
Secondary School		Year Graduated	Address		
Tertiary School(s) Attended		Inclusive Years	Address		
State Course You Want to Take		High School General Average			
Term You Wish to Start School					
Person Responsible for your School Account			Address		
Do you Plan to Stay in the Dormitory		Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If not, State Where and with Whom)	
Complete Address					
Full-Time Study?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Part Time Study? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Family Income					
Work Experience		Additional Information for Foreign Students			
Why Have You Chosen Adventist University of the Philippines As Your School?		Passport No.			
		Spouse's Name			
		Name	CHILDREN	Age	
		Citizenship			
		Country of Origin			
		Are You Sponsored? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature of Applicant		IF SPONSORED, STATE NAME AND ADDRESS OF SPONSOR (PERSON/ORGANIZATION)			
For Admissions Committee					
Date Application Received		Application/ID/Testing Fee		Credentials Submitted	
				Date	