



ANGELES UNIVERSITY FOUNDATION

Angeles City

SCHOOL OF MEDICINE

APPLICATION FOR ADMISSION

Academic Year _____ - _____

Date: _____ (dd-mm-yyyy)

Application # _____

PLEASE TYPE OR PRINT

1. NAME: _____ (Last) (First) (Middle)

2. PERMANENT ADDRESS: _____ Tel. No. _____

MAILING ADDRESS: _____ Tel. No. _____

3. DATE OF BIRTH: _____ (dd-mm-yyyy) PLACE OF BIRTH: _____ (Town/City/Province/Country)

4. AGE: _____ SEX: _____ CIVIL STATUS: _____

5. NAME OF SPOUSE (if married): _____

6. CITIZENSHIP: _____ RELIGION: _____

7. NAME OF FATHER: _____ OCCUPATION: _____

NAME OF MOTHER: _____ OCCUPATION: _____

ADDRESS OF PARENTS: _____ Tel. No. _____

NAME OF GUARDIAN (if any) _____ OCCUPATION: _____

ADDRESS OF GUARDIAN: _____ Tel. No. _____

8. EDUCATION SCHOOL ATTENDED COLLEGE: DATE ATTENDED FROM TO TYPE OF DEGREE YEAR GRADUATED OTHER COLLEGE COURSES: _____

9. NMAT score: _____ Year taken: _____ Expected date of graduation: _____

10. Have you applied for admission to this medical school before? () NO () YES WHEN? _____

11. Have you applied to any other school/s? () NO () YES Name of medical school/s: _____

Status of application: _____

12. Have you been admitted to any medical school? () NO () YES Name and location: _____

Reason for dropping: _____

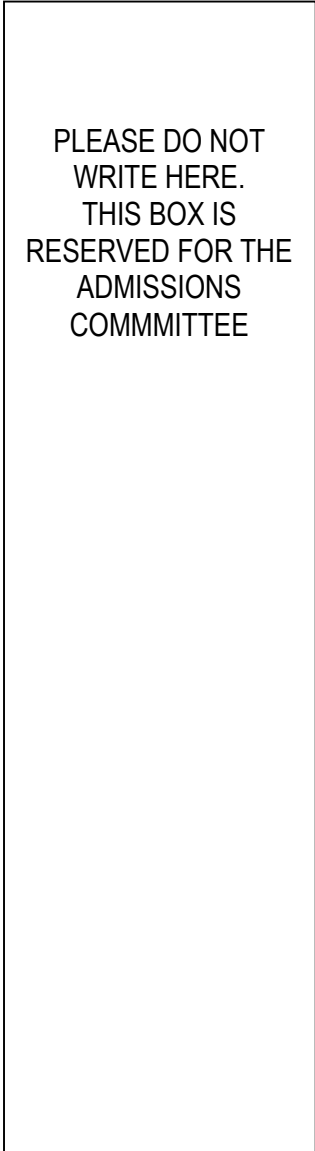
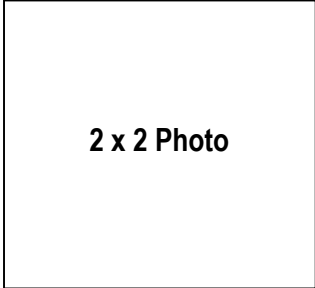
13. How do you plan to finance your medical education (percentage%)? Family: _____ Own Resources: _____ Other(Relatives/Benefits/Scholarships): _____

14. Employment and/or any other pursuit, past and present Name & Address of Employer Position/Title Date Employed

15. State additional information concerning yourself which you believe might be useful to the Committee on Admissions in evaluating your application. (College honors, membership in worthwhile organizations, athletics, College publication, etc.)

15. I HEREBY CERTIFY THAT:

- a. All of the foregoing information about myself are correct to the best of my knowledge and belief.
b. I fully understand all the requirements which must be satisfied for admission to the AUF School of Medicine



I HEREBY PLEDGE THAT IF ADMITTED TO THE AUF SCHOOL OF MEDICINE

- a. I shall comply with the rules and regulations of the school now in effect or hereinafter maybe formulated.
- b. I shall not join any campus organization not recognized by the school including fraternities and sororities.
- c. My enrollment will automatically be cancelled if I have enrolled under false pretenses, such as the use of irregular credentials, being debarred from readmission for reason of poor scholastic performance, or for disciplinary action.

<i>Signature of applicant (in ink)</i>	<i>Date signed (dd-mm-yyyy)</i>
--	---------------------------------

Explain briefly, why you want to become a physician.

REQUIREMENTS FOR STUDENT APPLICANTS

Please submit the original and 2 photocopies of all required documents/credentials in a long brown envelope.

- 1. Requirements for application:
Credentials:
 - () NMAT result
 - () Official Transcript of academic records (at least 6 semesters)
 - () Certification of General Weighted Average
 - () Letter of good moral character (from 2 former professors)
 - () Birth certificate and marriage certificate, if married
 - () 2 copies of latest picture (2x2), white background with nametag, surname first. 2 latest picture (2X2)
- 2. Requirements for registration:
 - () Complete and original transcript of academic records
 - () Diploma (authenticated copy) or certificate of graduation
 - () Certificate of eligibility for admission (CEA) to be issued by the Angeles University Foundation School of Medicine
- 3. Submit or send completed application form to:
Angeles University Foundation School of Medicine
Mac Arthur Highway
2009 Angeles City
Philippines
- 4. Applicants will be informed through telephone on the status of their application by the Committee on Admissions within five (5) working days from the date of the interview.

GUIDELINES FOR STUDENTS APPLICANTS

- 1. Students applicants who graduated with honors, e.g., cum laude or higher, or who obtained an NMAT score of 90 or better, are qualified for entrance scholarships.
- 2. Guidelines for foreign student applicants are available through the Registrar's Office.

