	KALINGA STATE UNIVERSITY COUNSELING, TESTING & PLACEMENT CENTER	Doc. Ref No.:	OSDS – PS - CTPC - 02	Revision No.:	1.0
		Effectivity Date:	01/19/19	Page No.:	1

Control No: _____
Date of Test: _____
Time: _____
Testing Center/ Room: _____
Date of Filing: _____
Evaluated By: _____

APPLICATION FORM FOR COLLEGE ADMISSION

*Paste a recent
1 x 1
photograph
with name tag
and Sianature*

Instruction: Fill in the necessary information below using **BLACK BALLPEN**. Please write **LEGIBLY**.

() New Student () Transferee

Name _____ Course & YR _____ Date of Birth _____ Age _____ Sex _____
(Family Name, First Name, Middle name)
Contact no: _____ Email Add _____ Religious Affiliation _____
Citizenship: _____ Number of Sister/ Brother in the family _____ Scholarship _____
Present Address: _____
Permanent Address: _____

Persons with Special Needs: () Yes () No if yes, Pls. specify: _____

Socio – Economic Data:

Name (Last Name, First Name, MI)	Relationship	Age	Occupation	Monthly Income
	Father			
	Mother			
	Guardian			

Educational Background

Level	School	Degree/ Track	Year Attended
Primary			
Junior High School			
Senior High School			
Transferee Last School Attended			


Course intended to Enroll:

_____ _____ _____
First Choice Second Choice Third Choice

Contact Person in case of Emergency

Name: _____ Address: _____
Contact Number: _____ Relationship: _____

SIGNATURE OVER PRINTED NAME

	KALINGA STATE UNIVERSITY COUNSELING, TESTING & PLACEMENT CENTER	Doc. Ref No.:	OSDS – PS - CTPC - 02	Revision No.:	1.0
		Effectivity Date:	01/19/19	Page No.:	1

*Paste a recent
1 x 1
photograph
with name tag
and Sianature*

ADMISSION TEST PERMIT

Name: _____
SHS Track: _____
Course to Enroll: _____ Campus: _____

Please bring this test permit, pencil with eraser, long brown envelope and ball pen on the day of your scheduled examination. NO TEST PERMIT, NO EXAM.

Application No: _____
Date of Test: _____
Time: _____
Testing Center/ Room: _____
Date of Filing: _____
Evaluated By: _____