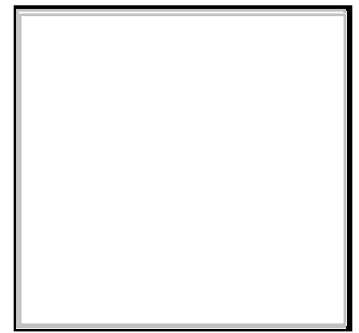


Applicant ID: _____

Personal Information

Instruction:

Kindly type 'NA' in boxes where there are no possible answers to the information being requested.



Classified as: Freshman Cross Enrollee Transferee Exchange Student Second Courseur

Degree Holder

Mode of Payment: Full Payment Installment

PERSONAL DATA

Name: _____
Last Name First Name Middle Name Extension Name

Program: _____
(Program offerings listed in the last page)

Date of Birth: _____ Age: _____ Place of Birth: _____ Civil Status: _____

Country: _____ Nationality: _____ Nationality **for dual citizen:* _____

Religion: _____ Gender: Male Female Preference (Check if applicable) Non Binary (LGBT)

Mobile Number: _____ Email address: _____

Height (in feet and inches): _____ Weight (in pounds): _____ Blood Type: _____

Learner's Reference Number (LRN): _____ QVR: _____ ESC: _____

Permanent address: _____
Region Province Municipality

_____ Zip Code: _____

(Rm# Bldg./House#, Street, Brgy.)

Residential Tel No.: _____

Provincial Address: _____
Region Province Municipality

_____ Zip Code: _____

(Rm# Bldg./House#, Street, Brgy.)

Residential Tel No.: _____

FAMILY DATA

Father's Name: _____ Email Address: _____

Occupation: Business/Entrepreneur/self-employed OFW (land/or sea) Government Employee Others, please specify _____

Employee (Private company)

Retired

Deceased

Contact Number: _____ LPU Alumni Current LPU Employee

Mother's Maiden Name: _____ Email Address: _____

Occupation: Business/Entrepreneur/self-employed OFW (land/or sea) Government Employee Others, please specify _____
 Employee (Private company) Retired Deceased

Contact Number: _____ LPU Alumni Current LPU Employee

Parent's Home Address: _____ No. of Brothers: _____ No. of Sisters: _____

Parent Status:

Married Single Parent Not Married Other, please specify _____

Living arrangement:

With Parents With Relatives With Guardian Living in Dormitory/Apartment Living in Dormitory/Apartment Living with spouse
 Other, please specify _____

If married, name of spouse: _____ Occupation: _____ No. of Children: _____

Who's Financing your Education:

Parents Educational plan Self-Supporting / Working
 Relatives Scholarship/Grant Others, please specify _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Guardian's Name: _____ Relationship: _____

Home Tel. No.: _____ Office Tel. No.: _____

Address: _____ Mobile No.: _____

EDUCATIONAL DATA

To be Filled Out by Senior High School Applicants

Name of Junior High School: _____

School Type: Private Public Year Attended: From _____ to _____

School Address: _____ Email Address: _____

Highest Honor/Award Received: _____ General Average: _____

To be Filled Out by First Year College Applicants

Name of Senior High School: _____

School Type: Private Public Year Attended: From _____ to _____

School Address: _____ Email Address: _____

Track: Academic-

- ABM HUMSS STEM General Academic Pre-Baccalaureate Maritime
 Others, please specify _____

Technical-Vocational-Livelihood-

- Agri-Fishery Home Economics ICT Industrial Arts TVL Maritime
 Sports Track Arts and Design Track Others, please specify _____

Highest Honor/Award Received: _____ General Average: _____

To be Filled Out by Transferees, College of Law, and Graduate School Applicants

Name of College/University: _____

School Address: _____ Email Address: _____

School Type: Private Public Year Attended: From _____ to _____

Program/Course: _____

Highest Honor/Award Received: _____ General Average: _____

FOR FOREIGN STUDENTS ONLY

Passport No.: _____ Type of Visa: _____

Date Issued: _____ Place Issued: _____ Visa Status: _____

I-Card No.: _____ Authorized stay from: _____ to _____

Remarks: _____

TERMS OF REFERENCE:

I hereby attest to the completeness and accuracy of all information supplied in this form. I understand that withholding of information or giving false information may nullify my application for admissions or may jeopardize my continued stay after admission has been granted.

The University will use the information that you provide to us and information we collect about you to administer your application and will serve permanent data upon enrollment. In addition, we may use your information to analyze and improve our admissions process, use your contact details, demographic information and other details to contact you with news, marketing or promotional information regarding LPU and studies/surveys to be conducted by LPU via phone calls, mail, email, SMS or any type of electronic facility; and for other University processes and functions. We also might use your information to conduct general research. We may use your information and share it internally with other University offices and units. Please refer to the link of [LPU Data Privacy Policy Terms and Conditions](#).

I agree with the terms of references

Student signature over printed name/Date

Parent or Guardian Signature over printed name if minor/Date

Note: Please attach a copy of any of valid IDs of Parent/Guardian.

Lyceum of the Philippines University
Intramuros, Manila

Student Records Management Department
(Office of the University Registrar)

RECORDS AND HEALTH WAIVER

This is to state that I will submit the original copies of the following admission requirements on or before September 30, 2022:

Senior High School Grade 11:

1. F138 (Original Grade 10 Report Card)
2. Certificate of Good Moral Character
3. ESC/QVR Certificate
4. Copy of PSA Birth Certificate
5. 1 pc. 2x2 Colored ID Picture

Senior High School Transferee:

1. F138 (Original Grade 11 Report Card)
2. Certificate of Good Moral Character
3. ESC/QVR Certificate
4. Copy of PSA Birth Certificate
5. 1 pc. 2x2 Colored ID Picture

College Freshman:

1. F138 (Original Grade 12 Report Card)
2. Certificate of Good Moral Character
3. Copy of PSA Birth Certificate
4. 1 pc. 2x2 Colored Picture

College Transferee:

1. Honorable Dismissal / Transfer Credentials
2. True Copy of Grades / Transcript of Records
3. Certificate of Good Moral Character
4. Course Description (if Available)
5. Copy of PSA Birth Certificate
5. 1 pc. 2x2 Colored ID Picture

I understand that will not be allowed to enroll next semester if I fail to submit the requirements stated. Also, I will only use and submit my credentials to LPU and will not forward them to any other institution with the intent to enroll.

Furthermore, I understand that I have to undergo physical/medical examination as a requirement of my program.

For CITHM Students only: In case I fail in the Hepa B screening, I shall shift to a non-CITHM program in LPU as soon as possible.

I hereby acknowledge that I have carefully read this waiver, understood its contents and will abide by the rules and regulations of LPU pertaining to enrollment.

Signature Over Printed Name of Student

With my conformity:

Printed Name and Signature of Parent/Guardian

Date Filed