

# DAVAO MEDICAL SCHOOL FOUNDATION

DMSF DRIVE, BAJADA, DAVAO CITY, PHILIPPINES

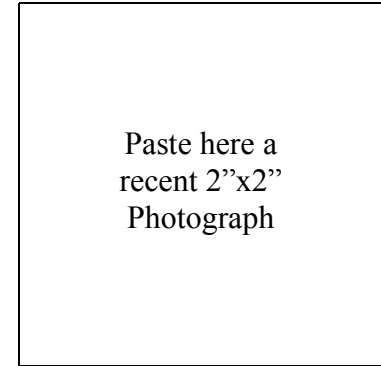
## APPLICATION FOR ADMISSION TO THE FIRST YEAR CLASS

(Note: All items must be filed out completely.  
Use typewriter or block print in ink)

NAME OF APPLICANT \_\_\_\_\_  
( Family name ) ( Given ) ( Middle )

Mailing Address \_\_\_\_\_  
\_\_\_\_\_ Tel. \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_ Tel \_\_\_\_\_



### PERSONAL DATA

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Civil Status \_\_\_\_\_ Religion \_\_\_\_\_ Citizenship (at birth) \_\_\_\_\_  
Height (feet-inches) \_\_\_\_\_ Weight (pounds) \_\_\_\_\_ (now) \_\_\_\_\_

Medical History: Please list any illness(physical/mental) which may be considered serious and which you had within the last 5 years. Do you have any physical disability which might interfere with the practice of medicine?  
\_\_\_\_\_ YES \_\_\_\_\_ NO. If Yes, please state.

Have you been convicted in court of any offense? \_\_\_\_\_ YES \_\_\_\_\_ NO. If YES, please explain, using additional sheets if necessary.

### ABOUT YOUR FAMILY

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

What is/are their source(s) of income?

Salaries \_\_\_\_\_ Income from farm \_\_\_\_\_ Others: \_\_\_\_\_  
Commissions \_\_\_\_\_ Income from rentals \_\_\_\_\_  
Pension \_\_\_\_\_ Income from business \_\_\_\_\_

Approximate total income of the Family \_\_\_\_\_ (Please include income of parents, unmarried sisters and brothers, and income derived from the family enterprise.)

List down Family Assets

\_\_\_\_\_

How many brothers do you have? \_\_\_\_\_ How many sisters do you have? \_\_\_\_\_  
How many brothers are in high school? \_\_\_\_\_ How many sisters are in high school? \_\_\_\_\_  
How many brothers are in college? \_\_\_\_\_ How many sisters are in college? \_\_\_\_\_  
Please state the courses your \_\_\_\_\_ Please state the courses your \_\_\_\_\_

brothers have completed or are still taking

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

sisters have completed or are still taking

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

	School Attended	Location	Dates
ELEMENTARY			
SECONDARY			

Have you earned academic honors in high school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES was it : \_\_\_\_\_ Valedictorian \_\_\_\_\_ First Honors Others \_\_\_\_\_  
 \_\_\_\_\_ Salutatorian \_\_\_\_\_ Second Honor \_\_\_\_\_

After finishing high school were you enrolled in college courses in every subsequent semester until you earned your BS/BA degree? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, please state why: \_\_\_\_\_  
 \_\_\_\_\_

Collegiate name and Address of the School Granting the Degree \_\_\_\_\_

Degree Obtained \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Have you earned academic honors in college? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please list: \_\_\_\_\_

Have you taken and passed the following subjects? If not, please see to it that you shall have taken all of them prior to enrollment.

- |                                      |  |
|--------------------------------------|--|
| a. General Chemistry - 5 units _____ | i. Comparative Anatomy - 5 units _____         |
| b. Organic Chemistry - 5 units _____ | j. Physics I - 5 units _____                   |
| c. College Algebra - 3 units _____   | k. Pilipino I & II * - 6 units _____           |
| d. Trigonometry - 3 units _____      | l. Phil. Gov't Conts. * - 3 units _____        |
| e. Statistics - 3 units _____        | m. Land Reform & Taxation * - 3 units _____    |
| f. Zoology - 5 units _____           | n. P.E. (for female student) * - 4 units _____ |
| g. Botany - 5 units _____            | o. ROTC (for male student) * - 6 units _____   |
| h. Rizal * - 3 units _____           |  |

\* not required for foreign students

For those who did not proceed to Medicine proper immediately after graduation from college: what did you do after graduation?

- \_\_\_\_\_ Took another course. Please list them with the school where they were taken, and when \_\_\_\_\_  
 \_\_\_\_\_ Worked as employee \_\_\_\_\_  
 \_\_\_\_\_ Worked in family business \_\_\_\_\_  
 \_\_\_\_\_ Engaged in own business \_\_\_\_\_  
 \_\_\_\_\_ Stayed at home \_\_\_\_\_  
 \_\_\_\_\_ Others \_\_\_\_\_

Other than academic subjects and routine activities, what other subjects or activities are you interested in, in a more than usual degree?

- |                            |                            |                 |
|----------------------------|----------------------------|-----------------|
| _____ School organizations | _____ Music: vocal         | _____ Philately |
| _____ Religious activities | _____ Music: instruments   | Others: _____   |
| _____ Socio- civic action  | _____ Classical/folk dance | _____           |
| _____ Sports               | _____ Creative writing     | _____           |

Please list down other skills or work experience that you have may be useful in the study/practice of medicine.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this your first time to seek admission to the medical course? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, what happened to your application?

\_\_\_\_\_  
Accepted and enrolled at \_\_\_\_\_ (Name of medical school)  
\_\_\_\_\_  
Accepted but did not enroll at \_\_\_\_\_ (Name of medical school)  
\_\_\_\_\_  
Application was not approved

Is this your first time to seek admission to the Davao Medical School Foundation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, state when was the first time you applied \_\_\_\_\_

ABOUT YOUR FUTURE PLANS:

\_\_\_\_\_  
Advice of parents \_\_\_\_\_ Illness in family \_\_\_\_\_ Others: \_\_\_\_\_  
\_\_\_\_\_  
Advice of brother/sister \_\_\_\_\_ Prestige of profession \_\_\_\_\_  
\_\_\_\_\_  
Advice of relatives \_\_\_\_\_ Awareness of health \_\_\_\_\_  
\_\_\_\_\_  
Advice of friends \_\_\_\_\_ Needs of community \_\_\_\_\_  
\_\_\_\_\_

How will your medical education be supported?

\_\_\_\_\_  
Parents \_\_\_\_\_ Approved \_\_\_\_\_ Others \_\_\_\_\_  
\_\_\_\_\_  
Phil Veteran Benefit \_\_\_\_\_ Still being processed \_\_\_\_\_  
\_\_\_\_\_  
Scholarship \_\_\_\_\_ Planning to apply \_\_\_\_\_  
\_\_\_\_\_  
Name of Scholarship \_\_\_\_\_

What are your sources of information about this medical school?

\_\_\_\_\_  
Parents \_\_\_\_\_ Brother/Sister \_\_\_\_\_ Own effort \_\_\_\_\_  
\_\_\_\_\_  
Family friends \_\_\_\_\_ Teachers in college \_\_\_\_\_ Others: \_\_\_\_\_  
\_\_\_\_\_  
Friends who are \_\_\_\_\_ Newspaper ad \_\_\_\_\_  
\_\_\_\_\_  
Students here \_\_\_\_\_ Convocation \_\_\_\_\_  
\_\_\_\_\_  
Internet \_\_\_\_\_

If you will be studying here in Davao City, where will you most likely be staying?

\_\_\_\_\_  
At home, with parents \_\_\_\_\_ Others: \_\_\_\_\_  
\_\_\_\_\_  
At a boarding house/dormitory \_\_\_\_\_  
\_\_\_\_\_  
At an apartment with relatives \_\_\_\_\_  
\_\_\_\_\_  
At the house of relatives \_\_\_\_\_

Please list the medical school you have applied (or will apply) to for the coming school year, in the order of your preference:

First preference \_\_\_\_\_ Other: \_\_\_\_\_  
Second preference \_\_\_\_\_  
Third preference \_\_\_\_\_

Do you have brother(s) or sister(s) enrolled in Davao Medical School Foundation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please write their names : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify on my word of honor that the foregoing entries are true and correct to the best OF MY KNOWLEDGE.

NOTE TO APPLICANT:

All communications pertaining to this application will be sent to you at your mailing address. If you will not be at this address for sometime, arrange for someone to transmit the communication to you, or notify us for any change of address as soon as possible.

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Signature of Applicant

Send this application to :

OFFICE OF THE DEAN  
Davao Medical School Foundation  
Bajada, Davao City, Philippines  
P.O. Box 251  
Fax No. (082) 221-23-17  
EMAIL: [drbasa@dmsf.edu.ph](mailto:drbasa@dmsf.edu.ph)  
Website : [www.dmsf.edu.ph](http://www.dmsf.edu.ph)

Do not write in this space.

Submit this application together with;

- (a) One copy of the transcript of college records (for evaluation) which should include all course taken with final grades, except for those of the second semester of the current school year.
- (b) Xerox copy of NMAT results.
- (c) Letter of reference from two former college teachers, or two prominent persons in your community who can vouch for your moral character. Please indicate their address.
- (d) Remittance for the application fee.