

# DAVAO MEDICAL SCHOOL FOUNDATION

BAJADA, DAVAO CITY, PHILIPPINES

## COLLEGE OF MEDICINE

### Bachelor of Science in Biology

APPLICATION FOR ADMISSION  
TO THE FIRST YEAR CLASS

(Note: All items must be filled out completely)

NAME OF  
APPLICANT

\_\_\_\_\_

( Family Name )

(Given)

(Middle)

Mailing Address

\_\_\_\_\_

Cellphone No.

Tel. No.

Home Address

\_\_\_\_\_

Tel No.

Paste here a  
recent 2"x2"  
Photograph

#### PERSONAL DATA

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Civil Status \_\_\_\_\_ Religion \_\_\_\_\_ Citizenship (at birth) \_\_\_\_\_

Height (feet-inches) \_\_\_\_\_ Weight (pounds) \_\_\_\_\_

Medical History: Please list any illness (physical/mental) which you had within the last 5 years. Do you have any physical disability which might interfere with the practice of Nursing?

\_\_\_\_\_ 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./Cellphone No. \_\_\_\_\_

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

\_\_\_\_\_ Salaries \_\_\_\_\_ Income from farm \_\_\_\_\_ Others: \_\_\_\_\_

\_\_\_\_\_ Commissions \_\_\_\_\_ Income from rentals \_\_\_\_\_

\_\_\_\_\_ Pension \_\_\_\_\_ Income from business \_\_\_\_\_

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 brothers have completed or are still taking

Please state the courses your 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 \_\_\_\_\_

Name and Address of the School Granting the Degree in College \_\_\_\_\_

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

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

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

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

For those who did not proceed to Nursing immediately after graduation from High School: 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?

\_\_\_\_\_ 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 Nursing.

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Is this your first time to seek admission to the Nursing program? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, what happened to your application?

\_\_\_\_\_ Accepted and enrolled at \_\_\_\_\_ (Name of Nursing school)

\_\_\_\_\_ Accepted but did not enroll at \_\_\_\_\_ (Name of Nursing 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:**

What influence you greatly in taking up Nursing as a career?

\_\_\_\_\_ 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 Nursing 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 Nursing 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 \_\_\_\_\_

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.

\_\_\_\_\_  
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.

Email : [dmsfbiology@gmail.com](mailto:dmsfbiology@gmail.com)

Website : [www.dmsf.edu.ph](http://www.dmsf.edu.ph)

Do not write in this space.

Submit this application together with:

- a) Photocopy of Form 138 (informative copy only – for evaluation)
- b) Photocopy of Good Moral
- c) Photocopy of Birth certificate
- d) 1 copy of 2x2 size photo with the name written on the lower portion of the picture.