



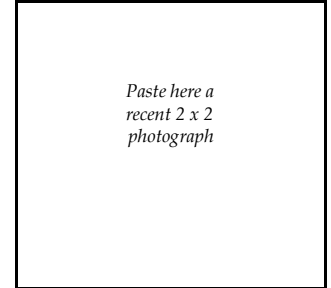
DAVAO MEDICAL SCHOOL FOUNDATION, INC.
COLLEGE OF DENTISTRY
BAJADA, DAVAO CITY, PHILIPPINES

APPLICATION FOR ADMISSION

NAME OF APPLICANT _____
(Family name) (Given) (Middle)

Mailing Address _____

Phone No. _____ Telephone No. _____
E-mail Address _____ Facebook Account _____
Home Address _____
Phone No. _____ Telephone No. _____



PERSONAL DATA

Age _____ Date of Birth _____ Place of Birth _____
Sex _____ Civil Status _____ Religion _____ Citizen (at birth) _____
Height _____ Weight _____
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 Dentistry? ___ 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 _____ Occupation _____
Mother's Name _____ Occupation _____
Complete Address _____ Phone Number _____
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 and sisters are in high school? _____ How many brothers and sister are in college? _____
Please state the course/s your brothers and sisters have completed or are still taking:

EDUCATIONAL BACKGROUND:			
	School Attended	Location	Dates
ELEMENTARY			
SECONDARY			
SENIOR HIGH			
COLLEGE			

Have you earned academic honors in high school? _____ YES _____ NO
 If YES, was it: _____ Valedictorian _____ First Honors Others: _____
 _____ Salutatorian _____ Second Honors _____

After finishing high school were you enrolled in college course in every subsequent semester until you earned BS?AB degree? _____ YES _____ NO

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: _____

For those who did not proceed to Dentistry proper 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, in a more than usual degree?

- | | |
|----------------------------|----------------------------|
| _____ School Organizations | _____ Music: instruments |
| _____ Religious Activities | _____ Classical/folk dance |
| _____ Socio-civic Action | _____ Creative Writing |
| _____ Sports | _____ Philately |
| _____ Music: vocal | Others: _____ |

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

Is this your first time to seek admission to the Dentistry course? _____ YES _____ NO
 If YES, what happened to your application?
 _____ Accepted and enrolled at _____ (Name of Dental School)
 _____ Accepted but did not enroll at _____ (Name of Dental School)
 _____ Application was not approved

Is this your first time to seek admission to the **Davao Medical School Foundation, Inc.**? _____ YES _____ NO
 If NO, state when was the last time you applied. _____

ABOUT YOUR FUTURE PLANS:

What influenced you greatly in taking up Dentistry as a career?

- | | | |
|---|---|---------------|
| <input type="checkbox"/> Advice of parents | <input type="checkbox"/> Illness in family | Others: _____ |
| <input type="checkbox"/> Advice of brother/sister | <input type="checkbox"/> Prestige of profession | _____ |
| <input type="checkbox"/> Advice of relatives | <input type="checkbox"/> Awareness of health | _____ |
| <input type="checkbox"/> Advice of friends | <input type="checkbox"/> Needs of community | _____ |

How will your Dental education be supported?

- | | | |
|---|--|---------------|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Approved | Others: _____ |
| <input type="checkbox"/> Phil. Veterans Benefit | <input type="checkbox"/> Still being processed | _____ |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Planning to apply | _____ |

Name of Scholarship: _____

What are your sources of information about this Dental school?

- | | | |
|--|--|---------------|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Teachers in College | Others: _____ |
| <input type="checkbox"/> Family friends | <input type="checkbox"/> Advertisement | _____ |
| <input type="checkbox"/> Friends who are students here | <input type="checkbox"/> Convocation | _____ |
| <input type="checkbox"/> Brother/sister | <input type="checkbox"/> Own effort | _____ |

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

- | | | |
|---|---------------|--|
| <input type="checkbox"/> At home with parents | Others: _____ | <input type="checkbox"/> At a boarding house/dormitory |
| <input type="checkbox"/> _____ | | <input type="checkbox"/> At the house/apartment with relatives |

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

- | | |
|-------------------------|---------------|
| First preference _____ | Others: _____ |
| Second preference _____ | _____ |
| Third preference _____ | _____ |

Do you have brother(s) or sister(s) enrolled in **Davao Medical School Foundation, Inc.**? YES NO

If YES, please write their names: _____

Do you have fast internet connection? YES NO

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

Signature of Applicant

Date

Kindly send this application to:
dmsfcodadmission@gmail.com ; dmsfcod@gmail.com

AUTOBIOGRAPHY (COMPOSE IN THREE (3) PARAGRAPHS)

NAME: _____ DATE: _____

PREVIOUS SCHOOL ATTENDED: _____

GUIDE QUESTIONS:

- ✧ *Who am I? (about yourself and your family)*
- ✧ *Why did I choose DENTISTRY as my course?*
- ✧ *Why did I choose to study in DMSFI?*
- ✧ *What is my plan 6 years from now?*

Signature of Applicant: _____

Contact Number: _____