DAVAO MEDICAL SCHOOL FOUNDATION

BAJADA, DAVAO CITY, PHILIPPINES

COLLEGE OF BIOLOGY Bachelor of Science in Biology

APPLICATION FOR ADMISSION TO THE FIRST YEAR CLASS

(Note: All items must be filled out completely)

NAME OF APPLICANT					
THI LICINI	(Family Name)	(Given)	(Middle)	Paste here a	
Mailing Address	3			recent 2"x2"	
	Cellphone No.	Tel. <u>1</u>	lo.	Photograph	
Home Address		TIN			
		Tel <u>N</u>).		
PERSONAL DA	ATA				
Age D	ate of Birth	Place of Birth			
Sex C	Civil Status	Religion	Citize	enship (at birth)	
		Weight (pounds)			
Medical History	: Please list any illness	s (physical/mental) which	you had within th	ne last 5 years.	
<u> </u>		ny offense? YES _	NO. If YI	ES, please explain, using additional	
sheets if necessa	ry.				
ABOUT YOUR	FAMILY				
Father's Name		N	Iother's Name		
Occupation		0	Occupation		
Address					
What is/are their	source(s) of income?		•		
	Salaries	Inco	me from farm	Others:	
	Commissions		me from rentals		
	Dangion	Inac	ma from busines	10	

How many brothers do you have?		How many sisters are in high school?			
EDUCATIONAL BACK	COLIND				
EDUCATIONAL BACI	School Attend	led	Location	Dates	
ELEMENTARY					
SECONDARY					
If YES was it : _	nic honors in high school? Valedictorian _ Salutatorian	First Ho	onors Others		
Degree Obtained	e School Granting the Degree i				
Have you earned acaden	nic honors in college?st:	YES	NO		
after graduation? Too Wo	k another course. Please list the rked as employee rked in family businessaged in own business	em with the school wher	e they were taken, and	when	
	ved at home		(Others	
Scho Relig	jects and routine activities, whol organizations cious activities civic action	at other subjects or activ Music: vocal Music: instrume	ities are you interested others:	Philately	

Please list down other skills or work experience that you	u have may be useful in the stu	ıdy/practice of Biolo	gy.
Is this your first time to seek admission to the BS Biolo If NO, what happened to your application?		(Name of school))
Accepted but did not enroll at Application was not approved		(Name of school))
Is this your first time to seek admission to the Davao M If NO, state when was the first time you applied			NO
ABOUT YOUR FUTURE PLANS: What influence you greatly in taking up Medicine as a communication of parents		Others:	
Advice of brother/sister Advice of relatives		others.	
Phil Veteran Benefit	Planning to apply	Others	
Family friends Friends who are Students here	Brother/Sister Teachers in college Newspaper ad Convocation Internet		
If you will be studying here in Davao City, where will y At home, with parents At a boarding house/dormitory At an apartment with relatives At the house of relatives	Others:		
Do you have brother(s) or sister(s) enrolled in Davao M			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: biology@email.dmsf.edu.ph Website: 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
- 1 copy of 2x2 size photo with the name written on the lower portion of the picture.