

DAVAO MEDICAL SCHOOL FOUNDATION
BAJADA, DAVAO CITY, PHILIPPINES

COLLEGE OF NURSING

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.

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. (082) 225 - 3117
Email : nursing@email.dmsf.edu.ph
Website : 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.