



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

**APPLICATION FOR ADMISSION**

Name of Applicant \_\_\_\_\_  
(Last name) (First name) (Middle name)

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

Phone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Facebook Account \_\_\_\_\_

Phone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

HMO Insurances (any insurances that includes covid-19) \_\_\_\_\_

Vaccination status:

( ) With Booster ( ) Fully Vaccinated ( ) Partially Vaccinated ( ) Unvaccinated

*Paste here a recent 2  
x 2 photograph*

**PERSONAL DATA**

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Religion \_\_\_\_\_ Citizenship \_\_\_\_\_ Civil Status \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Place of Birth \_\_\_\_\_

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  Second Honors  
 Salutatorian  Others

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

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**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:

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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:*

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- \_\_\_\_\_ 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
- \_\_\_\_\_ Religious Activities
- \_\_\_\_\_ Socio-civic Action
- \_\_\_\_\_ Sports
- \_\_\_\_\_ Music: vocal
- \_\_\_\_\_ Music: instruments
- \_\_\_\_\_ Classical/folk dance
- \_\_\_\_\_ Creative Writing
- \_\_\_\_\_ Philately
- \_\_\_\_\_ others

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

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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?

\_\_\_\_\_ Advice of parent's \_\_\_\_\_ Illness in family others: \_\_\_\_\_

\_\_\_\_\_ Advice of brother/sister \_\_\_\_\_ Prestige of profession \_\_\_\_\_

\_\_\_\_\_ Advice of relative's \_\_\_\_\_ Awareness of health \_\_\_\_\_

\_\_\_\_\_ Advice of friends \_\_\_\_\_ Needs of community \_\_\_\_\_

How will your Dental education be supported?

\_\_\_\_\_ Parents \_\_\_\_\_ Approved others: \_\_\_\_\_

\_\_\_\_\_ Phil. Veterans Benefit \_\_\_\_\_ Still being processed \_\_\_\_\_

\_\_\_\_\_ Scholarship \_\_\_\_\_ Planning to apply \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_

What are your sources of information about this Dental school?

\_\_\_\_\_ Parents \_\_\_\_\_ Teachers in College Others: \_\_\_\_\_

\_\_\_\_\_ Family friend's \_\_\_\_\_ Advertisement \_\_\_\_\_

\_\_\_\_\_ Friends who are students here \_\_\_\_\_ Convocation \_\_\_\_\_

\_\_\_\_\_ Brother/sister \_\_\_\_\_ Own effort \_\_\_\_\_

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

\_\_\_\_\_ At home with parents others \_\_\_\_\_ at the house/apartment with relatives

\_\_\_\_\_ At a boarding house/dormitory \_\_\_\_\_ others

Address: \_\_\_\_\_

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

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: \_\_\_\_\_

Kindly send this application to:  
[dentaladmission@email.dmsf.edu.ph](mailto:dentaladmission@email.dmsf.edu.ph)