Bicol University
OFFICE OF ADMISSIONS
Legazpi City

APPLICATION FORM
BICOL UNIVERSITY COLLEGE ENTRANCE TEST
(BUCET)

SY 2015 - 2016

Staple/Paste 2 pcs. 1x1 photo (recent)

Instructions to Students and Parents:

THIS FORM IS ONLY FOR APPLICANTS WHO **HAVE NOT ENROLLED** IN ANY COURSE/ SUBJECT BEYOND HIGH SCHOOL.

CAREFULLY READ THE GENERAL INFORMATION FOR BUCET applicants and the contents of this form before filling in the information asked.

ONLY CORRECTLY and COMPLETELY FILLED OUT FORMS will be issued a TEST PERMIT.

This application is valid only for entrants during the school year indicated.

PRINT ALL ANSWERS.

Application Form No.
Appl. & Testing Fee: P 150.00
O.R./M.O. No. _____
Date Paid: _____
Recorded by: _____
Permit No. _____
GPA _____E+ _____
MATH 0 _____

1. **Intended Course**. Print the CODE number of your FIRST and SECOND Choice of Courses and indicate the campus on the spaces provided below. Please refer to the BUCET GENERAL INFORMATION Sheet for the Course Code, Course Title and Campus. Courses indicated in this form are final. Changing of course(s) is strictly not allowed.

	COURSE CODE NUMBER	**PREFFERED CAMPUS**	
		First	Second
First Choice	_____	_____	_____
Second Choice	_____	_____	_____

2. In case you did not qualify in your course choices, where do you plan to pursue your studies? (Enumerate possible schools) _____
3. **PRINT OR TYPE YOUR NAME IN THE FOLLOWING SEQUENCE:** Last Name, First Name, Middle Name. Place one letter in each box.

Last Name
First Name
Middle Name

Check one box only:

4. SEX ☐ Male ☐ Female
5. CITIZENSHIP: ☐ Filipino ☐ Non-Filipino
6. RELIGION: _____

7. **PERMANENT HOME ADDRESS**

Number and Street
Subd./Village, Brgy.
City/Town & Province
Postal/Zip Code
Tel./Cell. Phone No.

8. High School graduated or graduating from: _____ Expected/date of graduation _____
   High School Address _____
9. Applicant's Date of Birth: _____ (Year Month Date)
10. Civil Status (Check one box only) ☐ Single ☐ Married ☐ Other (specify) _____
11. Applicant's Place of Birth: _____
12. Who will spend for your college education? ☐ My Parents ☐ Others (specify) _____
13. Occupation of Father/Guardian: _____ 14. Number of children in the family: _____
    Occupation of Mother/Guardian: _____
15. Do you have any PHYSICAL DISABILITY or CONDITION that requires special attention or would make it difficult for you to take a regular test?
    ☐ No ☐ Yes _____
    Please attach Certification of Disability and Contact BU Admissions Office
16. Monthly Family Income:
    ☐ less than P 15,000.00
    ☐ P 15,000.00 - P 20,000.00
    ☐ P 21,000.00 - P 25,000.00
    ☐ P 26,000.00 - P 30,000.00
    ☐ P 31,000.00 - P 35,000.00
    ☐ Exceeding P 35,000.00

APPLICANT'S CERTIFICATION

I HEREBY CERTIFY ON MY HONOR THAT I HAVE UNDERSTOOD THE HEREIN INSTRUCTIONS AND THAT ALL THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT. FURTHER, I ATTEST THAT I HAVE NOT ENROLLED IN ANY COURSE /SUBJECT BEYOND HIGH SCHOOL, OTHERWISE MY APPLICATION FOR ENTRANCE IN BICOL UNIVERSITY WILL BE RENDERED INVALID.

_____ _____

Signature of Applicant *Signature of Parent/Gurdian over Printed Name*

***NOTE:** Please submit worth P 40.00 of stamps and (1) long window envelop, for mailing your BUCET Result*

***IMPORTANT:** PLEASE HAVE YOUR RATINGS ENTERED ON THE BACK SIDE OF THIS PAGE; FOR THOSE WITH PEPT. SUBMIT A COPY OF IT. FOR THOSE WHO HAVE GRADUATED IN PREVIOUS YEARS, SUBMIT PHOTOCOPY OF HS FORM 138.(Present original Form 138 for authentication)*

SECONDARY SCHOOL RECORD

TO THE PRINCIPAL:

This form is an official document to be used by the BU Admissions Office for selective admission and research purposes.

1. Please type or print legibly all information called for. Do not abbreviate.
2. For the student's name, print last name, first name and middle name in full.
3. Be sure that all grades (i.e., including failing marks) are indicated and that all entries are complete and specific such as number of units or credits earned for subjects on this page.
4. **TAMPERING WILL INVALID ATE THIS APPLICATION FORM.**

NAME OF STUDENT APPLICANT: _____
Last Name First Name Middle Name

Name of High School _____
☐ General Secondary ☐ Vocational Secondary ***(Do not Abbreviate)*** ☐ Public ☐ Private

Address of High School _____
District/Town City/Province

Year of Graduation _____ No. of Graduates/Expected Graduates _____

SUBJECTS	FIRST YEAR 20____to 20_____		SECOND YEAR 20____to 20_____		THIRD YEAR 20____to 20_____	
	Final Grades	Units	Final Grades	Units	Final Grades	Units
FILIPINO						
ENGLISH						
MATHEMATICS						
SCIENCE						
MAKABAYAN						
• THE						
• PEHM						
• SOCIAL STUDIES						
• VALUES EDUCATION						
OTHER ACADEMIC SUBJECTS NOT LISTED ABOVE						
GENERAL WEIGHTED AVERAGE *(Please fill in 3 boxes for year I to III)*						

This student belongs to the: ☐ upper 10% ☐ upper20% ☐ upper40% ☐ lower 50% of the graduating class

PRINCIPAL'S CERTIFICATION

I HEREBY CERTIFY AS TO THE COMPLETENESS AND CORRECTNESS OF THE FOREGOING RECORD AND FURTHER ATTEST THAT _____
(Fill-in applicant's name)

☐ will be graduating in high school this school year 20__-20__

☐ has graduated in high school during the school year _____

Form 137-A requested by:

_____
Name of School

*check (✓) appropriate box

Principal's Signature (in ink) _____
(Facsimile not allowed)

Affix school dry seal here, if school has one.

Date _____

Principal's Name (Print) _____