APPLICATION FORM
BICOL UNIVERSITY ADMISSION TEST
Senior High School (SHAT) 
SY 20__ - 20__

Intended Course. Print the CODE number of your choice of Course on the box provided below.

| COURSE CODE: |

1. PRINT OR TYPE YOUR NAME IN THE FOLLOWING SEQUENCE: Last Name, First Name, Middle Name. Place one letter in each box. Leave one box blank between names, if there is a second name.

| Last Name | First Name | Middle Name |

5. PERMANENT HOME ADDRESS:
Number and Street / Purok / Zone ____________________________
Subd/Village, Brgy. _______________________________________
City/Town & Province ______________________________________
Postal Zip Code ____________________ Telephone No./Cell No. ________

6. Name of High School: ______________________________________________________________________
School Address: _____________________________________________________________________________

7. Applicant’s Date of Birth: __________________ (Year) __________ (Month) __________ (Day) __________

8. Place of Birth: ____________________ (Town / City)

9. Occupation of Father/Guardian: ____________________________
Occupation of Mother/Guardian: _____________________________

10. Number of children in the family: ____________________________

11. Approximate MONTHLY FAMILY INCOME: (Check one box only.)
[ ] Less than P10,000.00 [ ] P15,000-under P20,000.00 [ ] P20,000-under P25,000.00
[ ] P10,000-under P15,000.00 [ ] P20,000-under P25,000.00 [ ] Exceeding P30,000

I hereby certify that all information herein contained is true and correct.

____________________________________
Signature of Applicant

____________________________________
Signature of Parent/Guardian

Please staple here 2 copies of the most recent 1 x 1 ID photo