



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

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

<p>To the Applicant and Parents:</p> <p>CAREFULLY READ THE INSTRUCTIONS contained in this form before filling in the information asked for. Only CORRECTLY and COMPLETELY FILLED-UP FORMS will be issued a TEST PERMIT.</p> <p>PRINT ALL ANSWERS.</p>	Application Form No. _____ Appl. & Testing Fee: P200.00 O.R./M.O. No. _____ Date Paid: _____ Recorded by: _____ PERMIT No. _____ GPA _____
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Intended Course. Print the CODE number of your choice of Course on the box provided below.

Career Choice

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																									
First Name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																									
Middle Name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																									

- Check one box only:
- SEX** [] Male [] Female
 - CITIZENSHIP:** [] Filipino [] Non-Filipino
 - RELIGION:** _____

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: _____ 10. Number of children in the family: _____
 Occupation of Mother/Guardian: _____

11. Approximate MONTHLY FAMILY INCOME: (Check one box only.)
- | | | |
|---|---|---|
| <input type="checkbox"/> Less than P10,000.00 | <input type="checkbox"/> P15,000-under P20,000.00 | <input type="checkbox"/> P25,000-under P30,000.00 |
| <input type="checkbox"/> P10,000-under P15,000.00 | <input type="checkbox"/> P20,000-under P25,000.00 | <input type="checkbox"/> Exceeding P30,000 |

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

 Signature of Applicant

 Signature of Parent/Guardian