



Adventist University of the Philippines

P.O. Box 1834, Manila 1099 Philippines
 Location Address: Puting Kahoy, Silang 4118 Cavite
 Tel. No. (049) 541-1211 to 25

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Picture
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APPLICATION FORM

Date Filed _____

Name		Last	First	Middle	(If Married Write Maiden Name)	
Date of Birth		Place of Birth		Sex	Civil Status	Nationality
Weight	Height	Complexion		Health	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	
(Home/Mailing) Address						
E-mail		Fax No.		Telephone No.		
Religion		Church Membership (for SDA's)		Mission (for SDA's)		Date of Baptism
Father's Name		Occupation		Religion	Address	
Mother's Name		Occupation		Religion	Address	
Honors if any (Indicate date)			Awards (Indicate date)			
Reference no. 1 Name			Address			
Reference no. 2 Name			Address			
Elementary School		Year Graduated		Address		
Secondary School		Year Graduated		Address		
Tertiary School(s) Attended		Inclusive Years		Address		
State Course You Want to Take		High School General Average				
Term You Wish to Start School						
Person Responsible for your School Account				Address		
Do you Plan to Stay in the Dormitory		Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If not, State Where and with Whom)		
Complete Address						
Full-Time Study? Yes <input type="checkbox"/> No <input type="checkbox"/>		Part Time Study? Yes <input type="checkbox"/> No <input type="checkbox"/>		Annual Family Income		
Why Have You Chosen Adventist University of the Philippines As Your School?				Additional Information for Foreign Students		
				Passport No.		
				Spouse's Name		
				Name	CHILDREN	Age
				Citizenship		
				Country of Origin		
Are You Sponsored? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Signature of Applicant _____ Date _____ For Admissions Committee				IF SPONSORED, STATE NAME AND ADDRESS OF SPONSOR (PERSON/ORGANIZATION)		
Date Application Received		Application/ID/Testing Fee		Credentials Submitted		Date