

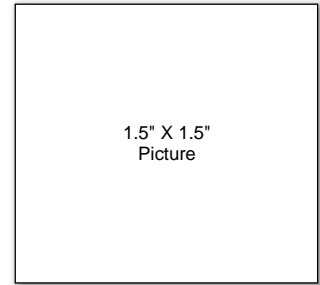


MAPÚA

UNIVERSITY

SENIOR HIGH SCHOOL

INTRAMUROS, MANILA



APPLICATION FOR SENIOR HIGH SCHOOL TRANSFER

Please accomplish and submit this form together with the other required documents at the Admissions Office.

Applicant Classification: Grade 11 Grade 12

Name: _____
Family Name Given Name/s Middle Name

Preferred Strand: _____

Date of Birth (mm/dd/yyyy): _____ Birthplace: _____ Gender: _____

Religion: _____ Nationality: _____

Mailing Address: _____
 _____ Zip Code: _____

Permanent Address: _____
 _____ Zip Code: _____

E-mail Address: _____ Landline #: _____ Mobile #: _____

Father's Name: _____ Landline #: _____ Mobile #: _____

Occupation: _____ E-mail Address: _____

Mother's Name: _____ Landline #: _____ Mobile #: _____

Occupation: _____ E-mail Address: _____

Guardian's Name: _____ Relationship: _____

Address: _____ Zip Code: _____

E-mail Address: _____ Landline #: _____ Mobile #: _____

Name of Previous Senior High School: _____ Strand: _____

School Address: _____

To the Dean of Admissions and International Programs:
 I wish to apply for admission in your university as a senior high school (SHS) transferee.
 I hereby attest to the completeness and accuracy of all the information supplied in this form. I understand that withholding of information or giving false information will make me ineligible for admission, or may jeopardize my continued stay after admission has been granted.
 I understand that some of the subjects I have taken from my previous school is subject to credit evaluation. I also acknowledge that the documents I have submitted maybe withdrawn in case my application be denied. Should my application be approved, and I decide not to pursue admission, I am fully aware that the documents I have submitted may also be withdrawn, and that the admission fee is non-refundable. I also allow the university to release and use the information for legitimate purposes specifically for evaluation for admission to the university. I allow the university to release the information only to authorized personnel for the above stated purpose in accordance with the Date Privacy Policy of the University.
 Respectfully yours,

 Applicant's Signature above Printed Name/Date