



TOMAS CLAUDIO MEMORIAL COLLEGE

Pioneer in Higher Education in Eastern Rizal

Taghangin, Morong, Rizal • Tel. Nos.: 691-5592/691-5894 • Telefax: 691-5595

2" x 2"
ID Picture

APPLICATION FOR ADMISSION

SY _____

Student-Applicant must fill out this form correctly by typing or printing all information. Print "N.A." (not applicable) where necessary. Submit this form at the Guidance and Testing Center.

Examinee No.

Personal Information

Name: _____
(Surname) (Given Name) (Middle Name)

Date of Birth: ____/____/____ Birthplace: _____ Nationality: _____
mm dd yy

Religion: _____ Age: _____

Single Male
 Married Female

Home Address: _____
House No. & Street Name Barangay/District/Village City/Municipality Province Zip Code

Telephone No.: _____ Cellphone No.: _____ Email: _____

Father's Name: _____ Occupation _____ Contact No. _____

Mother's Name: _____ Occupation _____ Contact No. _____

Contact Person in case of emergency: _____ Relationship: _____

Home or Office Address _____ Contact No.: _____

Educational Background

High School: _____ School Address: _____

Date of Graduation: _____

College (for transferee): _____ School Address: _____

Years Attended: _____ From _____ To _____

Academic Programs (Please check course applied for)

Arts and Sciences

- BS in Nursing
- Midwifery
- BS Physical Therapy
- Bachelor of Arts
- BS in Public Administration
- BS Criminology
- Associate in Arts

Business Administration

- BS in Hotel & Restaurant Management
- BS in Accountancy
- BS in Accounting Technology
- BS in Business Administration
- Associate in Bus. Administration
- Associate in Computer Secretarial

Computer Science

- BS in Computer Science
- Associate in Computer Technology
- Computer Technician Course

Education

- Bachelor of Elementary Education
- Bachelor of Secondary Education