



Adventist University of the Philippines

P.O. Box 1834, Manila 0901 Philippines
Location Address: Puting Kahoy, Silang 4118 Cavite
Tel. No. (049) 541-1211 to 25

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(2"x2")

RECORDS AND ADMISSIONS OFFICE

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 Address			Telephone/Mobile Number					
Religion		Church Membership (for SDA)		Mission (for SDA)				
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				
Who referred you to AUP?		High School General Average						
State program you want to take								
Term you wish to start school								
Person responsible for your school account								
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				
Work Experience			Additional Information for Foreign Applicants					
Why have you chosen Adventist University of the Philippines as your school?			Passport No.					
			Date of Issue:		Place of Issue:			
			Spouse's Name			CHILDREN		
			Name		Age			
Citizenship			Country of Origin					
Are You Sponsored? Yes <input type="checkbox"/> No <input type="checkbox"/>			IF SPONSORED, STATE NAME AND ADDRESS OF SPONSOR (PERSON/ORGANIZATION)					
Signature of Applicant			Date					
For Admissions Committee								
Date Application Received		Application/ID/Testing/Medical Fee OR Number		Credentials Submitted				
				Date				