



# EMILIO AGUINALDO COLLEGE

1113-1117 San Marcelino St., Paco, Manila 1007, Philippines www.eac.edu.ph (02) 8521-2710

Virtue ♦ Excellence ♦ Service



## Application Form (School of Medicine)

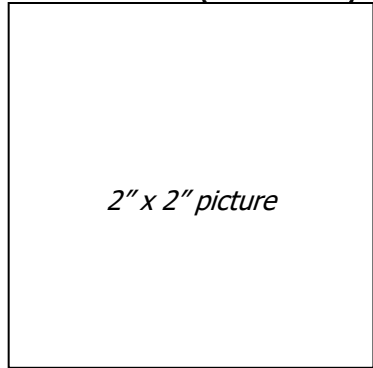
Please fill out/tick appropriate boxes for information required. Indicate "N.A." if information is not applicable.

**Application for:**

**Degree Program:** \_\_\_\_\_

**Term:**  1<sup>st</sup> Sem.  2<sup>nd</sup> Sem.  Summer **School Year:** \_\_\_\_\_

**Classification:**  Freshman  Transferee



**I. PERSONAL INFORMATION**

Last Name:	First Name:	Middle Name:
Gender:	Religion:	Nationality:
Date of Birth:	Place of Birth:	Age: <span style="margin-left: 20px;">Civil Status:</span>
House/Unit No., Street, Barangay:		
City/Municipality:	Province:	Zip code:
Landline No:	Mobile No:	Email:

**II. ALIEN STATUS (For Foreign student only)**

Visa Status:	Period of Authorized Stay:
Passport No.:	Date of Issue: <span style="margin-left: 20px;">Expiry date:</span>
ACR No.:	Date of Issue: <span style="margin-left: 20px;">Expiry date:</span>
CRT No.:	Date of Issue: <span style="margin-left: 20px;">Expiry date:</span>

**III. EDUCATIONAL BACKGROUND**

School Name and Address	Year graduated/last attended
Secondary School:	
Tertiary School (Baccalaureate Program):	
Tertiary School (Graduate Program):	

**IV. PARENTS' INFORMATION**

	Father	Mother
Parent's Name:		
Home Address:		
Occupation:		
Company Name and Address:		
Contact No.:		

*Fill this out if you are staying only with your guardian and not with your parents.*

Guardian's Name:	Age:	Occupation:
Home Address:		
Tel. No:	Mobile No:	Email:

**V. Privacy Policy and Declarations**

By ticking/checking the box below for "I agree" and submitting this form to the EAC Admissions Office, I voluntarily agree to the Emilio Aguinaldo College (EAC) Privacy Policy (<https://eac.edu.ph/privacy-policy/>) and declare that:

1. I am of legal age;
2. All the information I have provided in this form are true and correct;
3. I understand that withholding of information or giving of false information may nullify my application for admission or may jeopardize my continued stay after admission has been granted to me;
4. I am giving my consent to the collection, use, processing, recording, storage, blocking, destruction, and disclosure of the information I have provided for legitimate purposes in order to administer and evaluate the eligibility of my application for admission at EAC.

**I agree**

Name of Student: \_\_\_\_\_ Date Accomplished: \_\_\_\_\_

