

EMILIO AGUINALDO COLLEGE

Virtue ♦ Excellence ♦







Application for: legree Program:		te boxes for information required. Indicate "N.A."						
1ssiffcation: 1ssiffcation: Full-time Part-time Part-tim	Application for:					2″ v	2" picture	
Last Name: First Name: Middle Name: Gender: Religion: Nationality: Date of Birth: Age: Civil Status:	· · · — —	m. Summer School	Year:		_	2 X	2 picture	
Last Name: First Name: Middle Name: Gender: Nationality: Nationality: Date of Birth: Place of Birth: Age: Civil Status: Industry Civil No., Street, Barangay: Zip code: Zip co	lassification: Full-time Part-tir	me						
Religion: Nationality: Date of Birth: Age: Civil Status: City/Municipality: Province: Zip code: Email:	I. PERSONAL INFORMATION							
Date of Birth: Place of Birth: Place of Birth: Age: Civil Status:	ast Name:	First Name:		M	iddle Name:			
Tity/Municipality: Province: Zip code: Landline No: Mobile No: Email: L. ALIEN STATUS (For Foreign student only) Wisa Status: Period of Authorized Stay: Passport No.: Expiry date: PACR No.: Date of Issue: Expiry date: EXPITY OF THE STATUS (FOR FOREIGN STATUS) EXPITY OF THE STATUS (FOR FOREIGN STATUS) Period of Authorized Stay: Expiry date: Expiry date: EXPITY DATE:	Gender:	Religion:		N	ationality:			
Province: Zip code:	Date of Birth:	Place of Birth:		A	ge:	Civil Statu	s:	
Andline No: Mobile No: Email: I. ALIEN STATUS (For Foreign student only) //isa Status: Period of Authorized Stay: Period of Authorized Stay: Period of Authorized Stay: Expiry date: Expiry date: Expiry date: Expiry date: Expiry date: II. EDUCATIONAL BACKGROUND School Name/Location Pegree/Diploma/Major Year graduated/last attended Baccalaureate Degree: Master's Degree: Moctorate Degree: W. EMERGENCY CONTACT Name: Relation: Relation:	louse/Unit No., Street, Barangay:	I						
I. ALIEN STATUS (For Foreign student only) Visa Status: Period of Authorized Stay: Passport No.: Date of Issue: Expiry date: Expiry date: Expiry date: Expiry date: II. EDUCATIONAL BACKGROUND School Name/Location School Name/Location Degree/Diploma/Major Year graduated/last attended Secondary School: Baccalaureate Degree: Waster's Degree: V. EMERGENCY CONTACT Name: Relation: Relation:	City/Municipality:	Province:	Province: Zip co			ode:		
Period of Authorized Stay: Passport No.: Passport No.: Date of Issue: Expiry date: Expiry date:	Landline No:	Mobile No:		E	mail:			
Passport No.: Date of Issue: Expiry date:	I. ALIEN STATUS (For Foreig	n student only)						
ACR No.: Date of Issue: Expiry date: CRT No.: Date of Issue: Expiry date: II. EDUCATIONAL BACKGROUND School Name/Location Degree/Diploma/Major Year graduated/last attended Secondary School: Baccalaureate Degree: Doctorate Degree: Doctorate Degree: Doctorate Degree: Published Degree: Doctorate Degree: Published De	Visa Status:		,					
CRT No.: Date of Issue: Expiry date: II. EDUCATIONAL BACKGROUND School Name/Location Degree/Diploma/Major Year graduated/last attended Secondary School: Baccalaureate Degree: Master's Degree: Doctorate Degree: V. EMERGENCY CONTACT Name: Relation:	Passport No.:	Date of Issue:		E	kpiry date:			
II. EDUCATIONAL BACKGROUND School Name/Location Degree/Diploma/Major Year graduated/last attended Secondary School: Baccalaureate Degree: Master's Degree: Doctorate Degree: V. EMERGENCY CONTACT Name: Relation:	ACR No.:	Date of Issue:		E	kpiry date:			
School Name/Location Degree/Diploma/Major Year graduated/last attended Secondary School: Baccalaureate Degree: Master's Degree: Doctorate Degree: V. EMERGENCY CONTACT Name: Home Address:	CRT No.:	Date of Issue:		E	Expiry date:			
School Name/Location Degree/Diploma/Major Year graduated/last attended Secondary School: Baccalaureate Degree: Master's Degree: Doctorate Degree: V. EMERGENCY CONTACT Name: Home Address:	TI. EDUCATIONAL BACKGRO	UND		<u> </u>				
Secondary School: Baccalaureate Degree: Master's Degree: Doctorate Degree: V. EMERGENCY CONTACT Name: Relation:				Degree/Di	ploma/Majo	r		
Master's Degree: Doctorate Degree: V. EMERGENCY CONTACT Name: Relation:	Secondary School:						attended	
Doctorate Degree: V. EMERGENCY CONTACT Name: Home Address:	Baccalaureate Degree:							
V. EMERGENCY CONTACT Name: Relation: Home Address:	Master's Degree:							
Name: Relation: Home Address:	Doctorate Degree:							
Name: Relation: Home Address:	V EMEDGENCY CONTACT							
				Re	lation:			
Tel. No: Email:	Home Address:							
	Tel. No:	Mobile No:		En	nail:			
	'. Privacy Policy and Declarat	ions						
by ticking/checking the box below for "I agree" and submitting this form to the EAC Admissions Office, I voluntarily agree to the Emilio Aguit 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 jeopa 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 inform I have provided for legitimate purposes in order to administer and evaluate the eligibility of my application for admission at EAC.	College (EAC) Privacy Policy (https://e 1. I am of legal age; 2. All the information I have pr 3. I understand that withholdin my continued stay after adm 4. I am giving my consent to the	"I agree" and submitting this form to eac.edu.ph/privacy-policy/) and dec rovided in this form are true and co ag of information or giving of false in hission has been granted to me; the collection, use, processing, reco	clare that errect; informati erding, st	:: ion may nullify m orage, blocking,	y applicat	ion for adm	nission or may jeopa	
 I am of legal age; All the information I have provided in this form are true and correct; I understand that withholding of information or giving of false information may nullify my application for admission or may jeopa my continued stay after admission has been granted to me; I am giving my consent to the collection, use, processing, recording, storage, blocking, destruction, and disclosure of the inform I have provided for legitimate purposes in order to administer and evaluate the eligibility of my application for admission at EAC. 	By ticking/checking the box below for College (EAC) Privacy Policy (https://e 1. I am of legal age; 2. All the information I have pr 3. I understand that withholdin my continued stay after adm 4. I am giving my consent to the I have provided for legitimat	"I agree" and submitting this form to eac.edu.ph/privacy-policy/) and dec rovided in this form are true and co ag of information or giving of false in hission has been granted to me; the collection, use, processing, reco	clare that errect; informati erding, st	:: ion may nullify m orage, blocking,	y applicat	ion for adm	nission or may jeopa	
 I am of legal age; All the information I have provided in this form are true and correct; I understand that withholding of information or giving of false information may nullify my application for admission or may jeopa my continued stay after admission has been granted to me; I am giving my consent to the collection, use, processing, recording, storage, blocking, destruction, and disclosure of the information. 	By ticking/checking the box below for College (EAC) Privacy Policy (https://e 1. I am of legal age; 2. All the information I have pr 3. I understand that withholdin my continued stay after adm 4. I am giving my consent to the I have provided for legitimate I agree	"I agree" and submitting this form the eac.edu.ph/privacy-policy/) and deconvoided in this form are true and cong of information or giving of false in hission has been granted to me; the collection, use, processing, reconterpurposes in order to administer and the each of the purposes in order to administer and the each of the ea	clare that prrect; informati prding, st and evalu	:: ion may nullify m orage, blocking, uate the eligibility	y applicati destructio of my ap	ion for adm n, and disc plication fo	nission or may jeopal losure of the informa r admission at EAC.	























