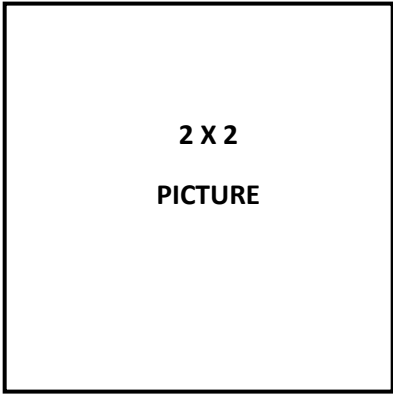




# The Manila Times College of Subic

George Dewey Complex, Subic Gateway District, Subic Bay Freeport Zone, Olongapo City 2222, Philippines



## COLLEGE APPLICATION FORM

- Application Status:**  Freshmen  Transfer Student  Summer  
**Applying for:**  1<sup>st</sup> Semester  2<sup>nd</sup> Semester  
**Desired Course:**  BS in Nursing  BS in Medical Laboratory Science  
 BA in Multimedia Arts

### PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Age:	Sex:	Civil Status:	Citizenship:		
Date of Birth (mm/dd/yy):			Place of Birth:		
Home Address:					
Senior High School Strand:			Postal Code:	Country:	
Home Phone No.:			Mobile Phone No.:		
Last school Attended:			Email Address:		
If married, Name of Wife/Husband:				No. of Children:	
Passport Number (for non-Filipino Citizens):				First Generation:	
Date of Issue (mm/dd/yy):			Place of Issue:		

### FAMILY INFORMATION

FATHER		MOTHER/LEGAL GUARDIAN	
Name:		Name:	
Age (if deceased, indicate when):		Age (if deceased, indicate when):	
Highest Education Attainment:		Highest Education Attainment:	
Profession:		Profession:	
Employer:		Employer:	
Citizenship:		Citizenship:	
Home Address:		Home Address:	
Home Phone No.:		Home Phone No.:	
Mobile Phone No.:		Mobile Phone No.:	
Email Address:		Email Address:	

### SIBLING(S)

\*\*\*From eldest to youngest\*\*\*

Name	Age	Civil Status	School/Level/Year Graduated	Occupation

### EMERGENCY CONTACT

Name:	Relationship:
Address:	Contact No.:

### EDUCATIONAL SUPPORT

Parents  Self  Scholarship  Others \_\_\_\_\_

### DO NOT FILL THIS AREA

\*\*\*for TMTCS use only\*\*\*

**CHECKLIST OF SUBMITTED DOCUMENT**

Application Form  PSA Birth Certificate  2 pcs. 2x2 photo  SHS Form 137  
 Result of Entrance Exam  Barangay Clearance  Good Moral Certificate  SHS Form 138

Remarks: \_\_\_\_\_

**Raising the bar of excellence in education!**

**EDUCATIONAL BACKGROUND**

**GRADE SCHOOL**

**JUNIOR HIGH SCHOOL**

School Name:	School Name:
School Address:	School Address:
Year of Graduation:	Year of Graduation:
Honors Received:	Honors Received:

**COLLEGE**

**SENIOR HIGH SCHOOL**

School Name:	School Name:
School Address:	School Address:
Year Attended:	Year Attended:
Honors Received:	Honors Received:

List of Honors/Awards for Academic Excellence or Special distinction received: \_\_\_\_\_

Special talents and/or skills: \_\_\_\_\_

Were you ever dismissed, suspended, or placed on Disciplinary Probation?  YES  NO

If YES, please give details (offense, date, penalties): \_\_\_\_\_

**PROFESSIONAL BACKGROUND**

\*\*\*If applicable\*\*\*

Company:	Company:
Name of immediate Supervisor:	Name of Immediate Supervisor:
Position: Duration:	Position: Duration:

**HEALTH INFORMATION**

\*\*\*please attached Medical Reports/History/Clearance if applicable\*\*\*

Do you have any medical and/or health conditions that could affect your ability to participate in certain school activities?  
 YES  NO If YES, please explain in detail. \_\_\_\_\_

Do you have any emotional psychological, or other learning difficulties that could affect your ability to participate in a classroom setting?  
 YES  NO If YES, please explain in detail. \_\_\_\_\_

**REFERENCE INFORMATION**

\*\*\*Choose person that is not related to you\*\*\*

Name	Occupation	Address	Contact No.

**Which of the following influenced your decision to apply and study at The Manila Times College of Subic (TMTCS)?**

- |                                            |                                        |                                                   |                                               |
|--------------------------------------------|----------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Parents/Relatives | <input type="checkbox"/> Friends       | <input type="checkbox"/> School Counselor/Teacher | <input type="checkbox"/> TMTCS Representative |
| <input type="checkbox"/> Flyers            | <input type="checkbox"/> Newspaper Ads | <input type="checkbox"/> Referral                 |                                               |
| <input type="checkbox"/> Facilities        | <input type="checkbox"/> Location      | <input type="checkbox"/> Academic Reputation      | <input type="checkbox"/> Others:              |

Whose choice is this? \_\_\_\_\_

**VERIFICATION/AUTHORIZATION**

**FOR ALL APPLICANTS**

I have carefully read the contents of the application form. I certify that the information given herein is correct and complete. Falsification, misrepresentation or withholding of information requested in this form will automatically nullify my application and/or subject me to dismissal from THE MANILA TIMES COLLEGE OF SUBIC (TMTCS).

This also authorizes any school I have previously attended to release any information/record requested by TMTCS in relation to this application. The college may use such information in the processing of the above mentioned application.

Consent Form: I hereby agree to provide my personal information as defined by the Data Privacy Act of 2012 (R.A. 10178) to The Manila Times College of Subic (TMTCS) for it to be processed in relation to my admission/enrollment in TMTCS in accordance with the School's privacy statement and their policies and procedures. This agreement shall be valid from the date of my personal information is collected until the period of my personal information disposal, or until such time that I submit a written revocation/cancellation of this agreement to the School, whichever comes first. By placing my name in this Consent Form, I hereby acknowledge that I have understood the context of this Data Privacy Statement of The Manila Times College of Subic.

Parent/Guardian's signature over printed name/ Date

Applicant's signature over printed name/Date

**FOR FRESHMEN APPLICANTS ONLY**

This is to state that I have never enrolled in tertiary level institution, here or abroad after my graduation from high school or after taking any accreditation exam for admission to College.

Parent/Guardian's signature over printed name/ Date

Applicant's signature over printed name/Date