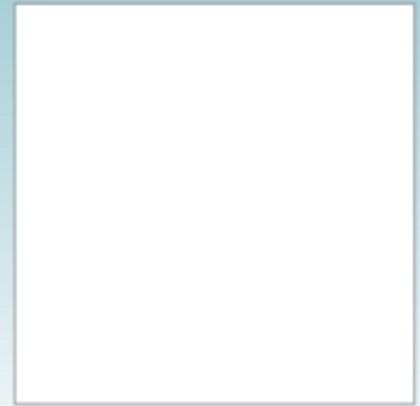




UERMMM College of Nursing Application Form



University of the East Ramon Magsaysay Memorial Medical Center
Aurora Blvd. Q.C. 1113



application #
O.R. #
date:

academic year:

Important:

Fill in all information needed. PRINT or TYPE all entries.

Attach a 2X2 current picture on the right-hand corner of this form.

Submit this form. Together with the other required documents outlined in the application procedure, to the Registrar's Office

ALL DOCUMENTS FILED IN SUPPORT OF THE APPLICATION BECOMES THE PROPERTY OF THE University of the East RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER AND WILL NOT BE RETURNED ANYMORE TO THE APPLICANT.

PERSONAL DATA

LAST NAME

FIRST NAMENICKNAME

MIDDLE NAME

PERMANENT MAILING

ADDRESSPOSTAL CODE

EMAIL ADDRESS TEL. NO. MOBILE NO.

DATE OF BIRTHPLACE OF BIRTH AGE GENDER
Month day year

CITIZENS RELIGION CIVIL STATUS

IF MARRIED, NAME OF WIFE/HUSBAND OCCUPATION

HEIGHT WEIGHTDISTINGUISHING MARK

MOTHER's NAME OCCUPATION

COMPANY NAME INCOME.....

ADDRESSTEL. NO.

FATHER's NAME OCCUPATION

COMPANY NAME INCOME

ADDRESSTEL. NO.

PROVINCIAL ADD

GUARDIAN (other than parents) TEL. NO.



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EDUCATIONAL INFORMATION

GRADE SCHOOL	NAME AND ADDRESS OF SCHOOL	SCHOOL YEAR ATTENDED
Grade 1		
2		
3		
4		
5		
6		
7		

HIGH SCHOOL	NAME AND ADDRESS OF SCHOOL	SCHOOL YEAR ATTENDED
Year1		
2		
3		
4		
5		

COLLEGE	NAME AND ADDRESS OF SCHOOL	COURSE/YEAR ATTENDED
Year1		
2		
3		
4		
5		

OTHER INFORMATION: Please check.

I belong to the list of honor students. Rank: _____

I am a member/officer of school organizations such as: _____

I have applied to other Nursing schools like: _____

How will you finance your nursing education? Please indicate the percentage.

Your own resources _____ Your family income _____ Other relatives _____

Other sources (i.e. scholarship, funds, PVA) _____

I HEREBY PLEDGE that if admitted to the **UERMMMMC, College of Nursing**, I shall comply with the rules of the College now in effect of which hereinafter may be formulated.

I further pledge I shall not join any campus organization not recognized by the school.

My enrollment will be automatically cancelled, if I have enrolled under **FALSE PRETENCES**, such as the use of irregular credentials, being debarred from re-admission for reason of poor scholastic standing or for disciplinary action and my graduation in due time depends in the completion of academic requirements, as required by the COMMISSION ON HIGHER EDUCATION.

Date Accomplished _____

Signature over printed name of Applicant

