

UNIVERSITY OF THE EAST
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
#64 Aurora Boulevard, Barangay Doña Imelda, Quezon City 1113, Philippines
Telefax: (632) 713-3315; (632) 715-0861 Local 261
Email Address: registrar@uerm.edu.ph; Website: www.uerm.edu.ph

OFFICE OF THE REGISTRAR

**INFORMATION SHEET FOR FILIPINO / RESIDENT ALIEN
SEEKING ADMISSION TO THE COLLEGE OF PHYSICAL THERAPY**

I. REQUIREMENTS FOR APPLICATION:

New Applicant (Freshman)

- a. NSO Birth Certificate (Original and 2 photocopies)
- b. Certification of Candidacy for Graduation (Original and photocopy)
- c. Certification of Good Moral Character (Original and photocopy)
- d. 2x2 Pictures (3 pieces white background)
- e. 1 Long Brown Envelope
- f. 1 Long Brown Folder

Transferee

- a. Transcript of Records (Original and 2 photocopies)
- b. Transfer Credential/Honorable Dismissal Certificate (Original and 2 photocopies)
- c. Certification of Good Moral Character (Original and photocopy)
- d. Course of Description (Original and photocopy)
- e. NSO Birth Certificate (Original and 2 photocopies)
- f. 2x2 Pictures (3 pieces white background)
- g. 1 Long Brown Envelope
- h. 1 Long Brown Folder

II. APPLICATION AND PROCESSING FEES: Php 500.00

**List of Accepted Applicants will be posted on the Bulletin Board of the Office of the Registrar
OR**

Visit our Website: <http://www.uerm.edu.ph/admission/cetresult.html>

III. REQUIREMENTS FOR ENROLLMENT:

Upon acceptance, the following are required for submission:

- a. Original copy of Report Card (Form 138 – 2 photocopies)

For Resident Alien

- b. Alien Certificate of Registration (ACR) issued by the Bureau of Immigration (Original and 2 photocopies)
- c. Passport Pages (Original and 2 photocopies)
- d. **Miscellaneous Foreign Fee - \$1,000.00 – NON-REFUNDABLE**

NOTE:

THE SCHOOL HAS NOT AUTHORIZED ANY PERSON/AGENCY OR ORGANIZATION TO WORK ON BEHALF OF ANY APPLICANT FOR ADMISSION.

ALL INQUIRIES, REQUEST AND DOCUMENTS MUST BE ADDRESSED TO THE OFFICE OF THE COLLEGE OF PHYSICAL THERAPY/OFFICE OF THE REGISTRAR.

ALL DOCUMENTS FILED IN SUPPORT OF THE APPLICATION BECOMES THE PROPERTY OF THE UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC. AND WILL NOT BE RETURNED TO THE APPLICANT.

13. Education:

School Attended

Address

School Year

1. Primary: to

2. Intermediate: to

3. Secondary :

1st Year: to

2nd Year: to

3rd Year: to

4th Year: to

Other collegiate courses taken (degree if any), where and when taken (School years)

14. List College / High School honors and membership in Scholarship societies:

15. List extra-curricular college / High School activities in which you have participated:

16. Special talent/s:

17. How do you plan to finance your Physical Therapy education?

PERCENTAGE (%)

Your resources: Your family Other relatives:

PVA-period of benefits: Other sources, scholarship, Aid, funds, etc.

18. Combined annual income of parents:

19. Have you applied for admission to any other Physical Therapy school/s?

20. State any additional information concerning yourself which you believe might be useful to the COMMITTEE ON ADMISSIONS in evaluating your application. (College Honors, Athletics, College Publications, Students Government, School Organization and any extra-curricular activities in school):.....

21. Give the names and addresses of two persons (not relatives) who have known you and can be character references, with whom the Committee on Admissions can correspond. At least one of the above should be someone who has known you as a student in High School and who had handled you in class:

I HEREBY PLEDGE that if admitted to the College of Physical Therapy, UERMMMC, I shall comply with the rules of the College now in effect or which hereinafter may be formulated.

I further pledge that 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 may graduate in due time depending on the completion of academic requirements, as required by the Commission on Higher Education and the UERMMMC, College of Physical Therapy.

.....
Print Name of Applicant

Date Accomplished:

.....
Signature of Applicant

PHS (Revised 1998)

PERSONAL HISTORY STATEMENT

(To be accomplished completely and submitted by the applicant foreign student in six (6) original copies to the college or university he/she is seeking admission to)

1.0 *PERSONAL DATA*

1.1 Name: _____
(Last Name) (First Name) (Middle Name)

1.2 Name in Native Language Character: _____

1.3 If Married: Woman, State Maiden's Name: _____

Man, Name of Spouse: _____

1.4 Address: (Permanent, Abroad): _____

Philippines: _____

1.5 Age: _____ 1.6 Date of Birth: _____ 1.7 Place of Birth: _____

1.8 Citizenship: _____ 1.9 Religion: _____

2.0 *PHYSICAL DESCRIPTION*

2.1 Sex: _____ 2.2 Height: _____ 2.3 Weight: _____

2.4 Eyes: _____ 2.5 Hair: _____ 2.6 Complexion: _____

2.7 Built: _____ 2.8 Other Distinguishing Features: _____

2.8 Physical Handicap or Disability (if any): _____

3.0 *FAMILY DATA*

3.1 Name of Father: _____

3.2 Name of Mother: _____

3.3 Address: _____ Tel. No. _____

4.0 *EDUCATIONAL BACKGROUND*

Name of School	Date of Attendance	Course Finished
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4.1 Elementary: _____

4.2 High School : _____

4.3 College: _____

4.4 Post Graduate: _____

5.0 GENERAL QUALIFICATION

5.1	Language	Grade Proficiency (Oral or Written)
	_____	_____
	_____	_____
	_____	_____
	_____	_____

5.2 Hobbies: _____ 5.3 Sports: _____

6.0 COURSE APPLIED FOR: _____

Semester: First Second School Year _____
Trimester: First Second Third School Year _____

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed at _____ Date _____

(Signature of Applicant)

ATTACH
2 X 2
PHOTO
HERE

LEFT
THUMBPRINT

RIGHT
THUMBPRINT