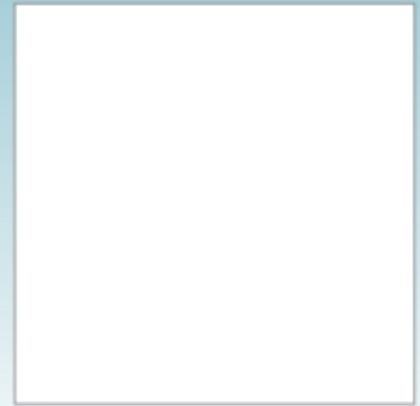


UERMMMC College of Nursing
Graduate Program
Application Form
University of the East Ramon Magsaysay Memorial Medical Center
Aurora Blvd. Q.C. 1113



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.

Last Name: Date of Birth Age:

First Name: Place of Birth:

Middle Name: Citizenship

Gender: Religion: Civil Status.....

IF Married, name of Spouse Occupation.....

Name of Children:

Permanent Address:
(include zip code)

..... Tel. No.

Metro Manila Address:
(include zip code)

..... Tel. No.....

Mobile No:..... Email Address:.....

Degree/Program Applied for

Intended Major:

Full time (12 units per semester)
 Part time (less than 12 units per semester)

Colleges and universities attended, including professional schools (starting with the most recent)

Name of Institution/Location	Date of Attendance	Degree of Diploma/Major	Cumulative grade (point average)

Honors, awards and scholarships received (use additional sheet if necessary).

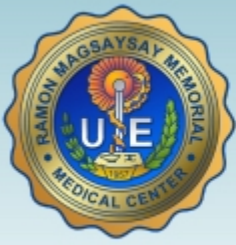
NAME OF HONOR/AWARD /SCHOLARSHIP	GRANTING INSTITUTION	TERMS OF GRANT	PERIOD COVERED

Working Experience (use additional sheet if necessary)

POSITION	NAME OF COMPANY	PERIOD OF STAY

Date Accomplished: _____

Signature over printed name of applicant: _____



1. Please fill out this form. TYPE your name , address, desired graduate program and major and the name of teacher, employer or supervisor to who you are submitting this form. Provide each individual making this recommendation with an envelop addressed to

THE DEAN OF GRADUATE PROGRAM
University of the East
Ramon Magsaysay Memorial Medical Center
College of Nursing Office
Aurora Blvd., Quezon City

2. Please submit the sealed and signed envelope together with the other application requirements

APPLICANT			
	Last (Family) Name	First name	Middle Name
Degree Program Applied for			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
ADDRESS			

To the rater:

(Applicant to fill in appropriate name)

The above-named person is applying for admission to the Graduate Program of UERMMM College of Nursing. Kindly give your comments on the applicant's qualification for graduate work. The information supplied in this form will be used only for the purpose of assessing the applicant's qualification for admission.

Please return this LETTER OF RECOMMENDATION (with your evaluation at the reverse side) to the applicant in the envelop provided, with your signature across the flap.

Using as a frame of reference the qualification of those students who have previously recommended to graduate schools, please comment on:

1. The applicant's major strengths and weaknesses in terms of graduate study
2. The applicant's definition of objectives and goals as they relate to his/her plans for graduate study
3. Other factors which might assist the Admission Committee in considering the applicant

How long have you known the applicant? _____ In what capacity _____

EVALUATION (Please write your evaluation of the applicant in the space below)

Please evaluate the applicant in comparison with other students whom you have known during the professional career.

	6 Exceptional	5 Superior	4 Above Average	3 Average	2 Fair	1 Poor
Intellectual ability						
Knowledge of field						
Work habits						
Motivation to pursue graduate studies						
Seriousness of purpose						
Potential for significant future contribution in the field						
Resourcefulness and initiative						
Emotional maturity						
Adaptability to new situation						
Leadership qualities						
Teaching potential						
Research Potential						

Signature: _____ School/Company: _____
 Name: _____ Address: _____
 Designation: _____

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