



**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 NON-RESIDENT FILIPINO / NON-RESIDENT ALIEN  
SEEKING ADMISSION TO THE COLLEGE OF NURSING**

**APPLICANT** seeking admission to the UERMMMCI College of Nursing while abroad, applies in writing directly to the Dean or to the University Registrar must submit the following documentary requirements:

1. **High School Transcript of Records** duly authenticated by the Philippine Embassy or Consulate in the applicant's country of origin or legal residence, not "NOTED & SEEN" but with C-167-OCA-99 with red ribbon and seal (2 original and 2 photo-copies);
2. **High School Diploma or Certificate of Graduation** duly authenticated by the Philippine Embassy or Consulate in the applicant's country of origin or legal residence, not "NOTED & SEEN" but with C-167-OCA-99 with red ribbon and seal (1 original and 2 photo-copies);
3. **Original Personal History Statement** form (PHS, Revised 1998), duly accomplished and signed by the applicant in English and in national alphabet, accompanied by personal seal, it any, original left and right hand prints and original photos (6 original copies- downloadable through our website);
4. **Notarized Affidavit of Support and Proof of Adequate Financial Support**, i.e., bank statement, to cover expenses for student's accommodation and subsistence, as well as school dues and other incidental expense (1 original and 2 photo-copies);
5. **Birth Certificate** (original and 2 photo-copies);
6. **Passport Pages** (original and 2 photo-copies);
7. **Police Clearance** duly authenticated by the Philippine Embassy or Consulate in the applicant's country of origin or legal residence, not "NOTED & SEEN" but with C-167-OCA-99 with red ribbon and seal (original and 2 photo-copies);
8. **Recommendation Letter/Certificate of Good Moral Character** signed by the Principal or two (2) Instructors from the High School;
9. **Application Fee:** ----- \$100.00 (U.S.D.) and
10. **Miscellaneous Foreign Fee:** ----- \$1,000.00 (U.S.D.)



# 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 NAME .....NICKNAME .....

MIDDLE NAME .....

PERMANENT MAILING .....

ADDRESS .....POSTAL CODE .....

EMAIL ADDRESS ..... TEL. NO. .... MOBILE NO. ....

DATE OF BIRTH .....PLACE OF BIRTH ..... AGE ..... GENDER .....  
Month day year

CITIZENS ..... RELIGION ..... CIVIL STATUS .....

IF MARRIED, NAME OF WIFE/HUSBAND ..... OCCUPATION .....

HEIGHT ..... WEIGHT .....DISTINGUISHING MARK .....

MOTHER's NAME ..... OCCUPATION .....

COMPANY NAME ..... INCOME.....

ADDRESS .....TEL. NO. ....

FATHER's NAME ..... OCCUPATION .....

COMPANY NAME ..... INCOME .....

ADDRESS .....TEL. NO. ....

PROVINCIAL ADD .....

GUARDIAN (other than parents) ..... TEL. NO. ....



**UERMMMMC** College of Nursing

# Application Form



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

## 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 you 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





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