



UNIVERSITY OF THE EAST
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
 Aurora Boulevard, Quezon City 1113, Philippines

Apl. No.: _____

O.R No.: _____

Date: _____

COLLEGE OF MEDICINE
APPLICATION FOR ADMISSION
 FOR THE ACADEMIC YEAR 20__ -20__

**ATTACHED 2X2
 COLORED PHOTO
 WHITE
 BACKGROUND**

(Please Print or Type)

1. Name: _____
 (Family Name) (First Name) (Middle Name)

HEREBY applies for admission to the College of Medicine UERMMMCI and submits hereunder facts as a true and correct statement of his/her history and education.

2. Age: ____ Gender: ____ Citizenship: _____ Religion: _____ Civil Status _____

3. If Married, name of Spouse: _____

Address of Spouse: _____ Occupation: _____

4. Date of Birth: _____ Place of Birth: _____
 (Day) (Month) (Year)

5. Permanent Home Address: _____

Cellular Phone No.: _____ Residence Landline No.: (____) _____

E-mail Address/es frequently used: _____ Fax No.: (____) _____

6. Present Address: _____ Tel No.: (____) _____

7. Mailing Address: _____ Tel No.: (____) _____

8. Parents: (Mark with a cross(+) if deceased)

(TO BE FILLED UP BY THE REGISTRAR'S STAFF)

BS/BA : _____

G.W.A. : _____

F'S : _____

NMAT %ile : _____

Father: _____ Occupation: _____

Mailing Address: _____

Cellular Phone No.: _____ Residence Landline No.: _____

E-mail Address: _____

Mother: _____ Occupation: _____

Mailing Address: _____

Cellular Phone No.: _____ Residence Landline No.: _____

E-mail Address: _____

8a. Are you a child of UERM Alumni? *Please tick appropriate box.*

No

Yes, my father graduated from the College of _____ Class _____

Yes, my mother graduated from the College of _____ Class _____

9. Guardian other than parents:

Occupation : _____ Contact No.: (____) _____

Home Address : _____

10. If your family does not live in Manila area, where do you expect to live if admitted to this medical school ?

(State if with relatives, in boarding houses, etc.) _____

11. Region of Origin : _____

12. Education:

	School Attended	Date of Attendance	Title/Degree	Units Earned
a) Primary: (Grade I – IV)	_____	_____	_____	_____
b) Intermediate: (Grade V-VI)	_____	_____	_____	_____
c) Secondary : (High School)	_____	_____	_____	_____
d) College :				
1 st Year:	_____	_____ To _____	_____	_____
2 nd Year:	_____	_____ To _____	_____	_____
3 rd Year:	_____	_____ To _____	_____	_____
4 th Year:	_____	_____ To _____	_____	_____
5 th Year:	_____	_____ To _____	_____	_____

Degree _____ Date graduated or expected date of completion: _____

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

13. How do you plan to finance your medical education?

(In terms of percentage [%])

Your Resources: _____ Your Family: _____ Other Relatives: _____

PVA- Period of Benefits: _____ Other sources, scholarship, Aid, Funds etc.: _____

14. Combined annual income of parents: _____

15. Have you applied for admission to any medical school/s? _____

If so, at what medical school/s and what is the status of your application? _____

16. Have you studied in any College of Medicine? Yes. No. If yes, where and when _____

Give reasons for withdrawing: _____

17. Employment and /or any other pursuit, past and present: _____

18. Are you graduating with honors? *Please tick appropriate box.*

No

Yes, I graduated / expected to graduate:

Summa Cum Laude

Magna Cum Laude

Cum Laude

Honorable Mention

I have received the following awards: *Please tick appropriate box. Please use extra sheet if necessary.*

Dean's List/President's List

School Year

Semester/Trimester/Summer

Non – Academic awards: Please Specify _____

Other awards _____

State any additional information concerning yourself which you believe might be useful to the COMMITTEE ON ADMISSIONS in evaluating your application. (Membership in societies, Athletics, College Publications, Student Government, School Organization, any extra – curricular activities in school etc.) Please use extra sheet if necessary.

19. Have you done any research work/thesis during your pre-med years? If so, state the title of your research work.

20. Have you taken the NMAT before? *Please tick appropriate box.*

No. Yes, when? _____

What was your NMAT score? _____

a) Have you enrolled in any Review Center for the NMAT?

No. Yes, please state Review Center/s: _____

Do you think the review course has been useful for the exam? Yes No

21. Give names and addresses of three persons (not relatives) who have known you and can be a character references, with whom the Committee on Admission can correspond. At least one of the above should be someone who has known you as student in college and who has handed you in class.

1. _____

2. _____

3. _____

22. I certify that

- a) I have not withheld from this application any information that might be an obstacle to my admission.
- b) I have not been debarred from any medical school.

23. I fully understand that among other requirements to be satisfied for admission to the College of Medicine, UERMMMCI.

I must be a holder of a bachelor's degree in Arts or Science.

I understand further that the above requirements must have been earned not later than the end of the second semester Immediately preceding the school year for which I am seeking admission.

I HEREBY PLEDGE that if admitted to the College of Medicine, UERMMMCI, 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 including fraternities and Sororities.

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, not only in completion of academic requirements, but also on required units in : Rizal course, National Service Training Program, Physical Education (Male and female) Land Reform and Taxation, and The New Philippine Constitution and others as required by law and/or directives of the Commission on Higher Education (CHED)

NOTE:

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 ANYMORE TO THE APPLICANT.

Printed Name of Applicant

Date Accomplished: _____

Revised: 090109

Signature of Applicant