



**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 <sup>st</sup> Year:	_____	_____ To _____	_____	_____
2 <sup>nd</sup> Year:	_____	_____ To _____	_____	_____
3 <sup>rd</sup> Year:	_____	_____ To _____	_____	_____
4 <sup>th</sup> Year:	_____	_____ To _____	_____	_____
5 <sup>th</sup> 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

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  
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PHOTO  
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LEFT  
THUMBPRINT

RIGHT  
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