

**HOLY NAME UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF MEDICAL TECHNOLOGY
TAGBILARAN CITY**

APPLICATION FORM FOR BS MED TECH/ BS MED LAB SCI – I

I. FAMILY AND PERSONAL INFORMATION

1. Name in Full _____
(Surname) (Given Name) (Maternal Name)
2. Date of Birth _____ Place of Birth _____
3. Age _____ (Years) _____ (months) _____ (days) Sex _____ Civil Status _____
4. Weight _____ lbs Height _____ ft. _____ inches
5. Nationality _____ Citizenship _____
6. Home Address _____ Contact Number of Applicant _____
7. Father's full name _____ Citizenship _____
Contact Number _____
Occupation _____ Name of firm where employed _____
8. Mother's maiden name _____ Citizenship _____
Contact Number _____
Occupation _____ Name of firm where employed _____
If married name of spouse _____
9. Name of person to be notified in case of accident or death _____
Relationship _____ Address & Tel. No. _____
10. What language and dialects do you speak? _____
11. Name and address of three persons (a physician, nurse in active practice, a priest, pastor on the church to which you belong), not a relative and can give information about you.

	NAME	POSITION	ADDRESS	CONTACT NUMBER
(A)	_____	_____	_____	_____
(B)	_____	_____	_____	_____
(C)	_____	_____	_____	_____

II. EDUCATIONAL BACKGROUND

12. Give information below covering high school attended:

High School: _____ Name of School: _____ Address: _____ Inclusive Dates _____ Highest Grade or Honors Received _____

First Year _____
 Second Year _____
 Third Year _____
 Fourth Year _____

For Shiftees and Second Coursers:

Name of School Last Attended: _____
 Course: _____

I HEREBY CERTIFY that the foregoing application for admission in Holy Name University, College of Medical Technology/ Medical Laboratory Science has been accomplished in my own handwriting and the answers given are correct to the best of my ability. I further bind myself admitted to the school to obey and comply with all the rules and regulations prescribed of hereafter maybe prescribed by the said College of Medical Technology/ Medical Laboratory Science.

(Date)

(Signature of Applicant)

PARENT'S/GUARDIAN CONSENT

I/We, _____ (parents/guardian/spouse) of _____ do hereby give my consent for him/her to study MedTech in Holy Name University, College of Medical Technology/ Medical Laboratory Science. This is to further certify that there is no person dependent upon him/her for support, neither does he/she have any family or other responsibilities that might interfere with or interrupt his/her studies. I/We shall abide the rules and regulations of the school.

(Date)

(Signature of Parent/Guardian/Spouse)