

**HOLY NAME UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF NURSING  
TAGBILARANC ITY**

**APPLICATION FORM FOR BSN – 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 No. 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
(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 Nursing 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 Nursing.

\_\_\_\_\_  
 (Date) (Signature of Applicant)

**PARENT'S/GUARDIAN CONSENT**

I/We, \_\_\_\_\_ (parents/guardian/spouse) of \_\_\_\_\_ do hereby give my consent for him/her to study nursing in Holy Name University, College of Nursing. 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)