

**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)