Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
Science City of Muñoz, Nueva Ecija

CLSU TESTING AND EVALUATION CENTER
Testing Division

APPLICATION FORM FOR CLSU COLLEGE ADMISSION TEST (CLSU-CAT)

THE FOLLOWING REQUIREMENTS MUST BE SUBMITTED AT CTEC TOGETHER WITH THIS FULLY ACCOMPLISHED APPLICATION FORM: *(Please refer to the Guidelines and Application Procedure on the CLSU Website (www.clsu.edu.ph)*:

1. Photocopy of PSA Birth Certificate.
2. Three (3) identical 2X2 pictures (*studio-taken*) with white background and name tag (*Last Name, First Name and Middle Initial*).
3. One self-addressed (applicant's printed name and complete address) long, white mailing envelop with P40.00 worth of mailing stamp.

Deadline of submission: DECEMBER 28, 2018.

ACADEMIC STATUS OF APPLICANT

- ☐ Currently enrolled in Grade 12
- ☐ Graduate of Senior High School
- ☐ Graduate of RBEC
- ☐ Graduate of ALS
- ☐ Transferee (with less than 36 credit units)
- ☐ Others (please specify) _____

INSTRUCTIONS

KINDLY READ THIS CLSU-CAT APPLICATION FORM CAREFULLY. ONLY CORRECT AND COMPLETELY FILLED OUT APPLICATION FORM WILL BE CONSIDERED. PRINT LEGIBLY OR TYPE ALL INFORMATION REQUIRED.

PERSONAL INFORMATION

CAT Examinee Number: 19-_____

NAME *Place one letter in each box. Leave one box blank between names.*

Last Name

First Name

Middle Name

SEX ☐ Male ☐ Female

DATE OF BIRTH _____/____/_____ (Month / Day / Year)

AGE _____

CIVIL STATUS ☐ Single ☐ Married

CITIZENSHIP _____

EMAIL ADDRESS _____

STAPLE YOUR RECENT 2 X 2 PICTURE (STUDIO-TAKEN) WITH WHITE BACKGROUND AND NAME TAG
(Last Name, First Name, Middle Initial)

SCANNED/PHOTOCOPIED/ CELLPHONE-GENERATED PICTURE IS NOT ACCEPTED

COMPLETE HOME/PERMANENT ADDRESS ***(please include your zip code)***

FOR CHILDREN OF CLSU EMPLOYEES ONLY

NAME OF PARENT EMPLOYED IN CLSU _____

Position: _____ *College/Unit/Office*: _____ *Status of Appointment*: ☐ Permanent ☐ Temporary ☐ Job Order

EDUCATIONAL BACKGROUND

LEARNER'S REFERENCE NUMBER (LRN)

COMPLETE NAME OF SCHOOL ***(current school or last attended)***

COMPLETE SCHOOL ADDRESS ***(please include zip code)***

ACADEMIC TRACK AND STRAND

I hereby affirm that I have read and understood all the instructions in this application form and that all information written herein are complete and accurate. I am aware that any false information furnished in this application form will make me ineligible for admission or subject to dismissal if admitted in the university. I also give my consent that my personal data in custody of CLSU may be used by the University for internal reports, research and other legitimate academic interests.

SIGNATURE OVER PRINTED NAME OF STUDENT **CONTACT NUMBER OF STUDENT**

I hereby attest to the veracity and completeness of all information my son/daughter/dependent has written in this application form.

SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN **CONTACT NUMBER OF PARENT/GUARDIAN**