



# FEU-FERN COLLEGE

## ADMISSIONS AND EXTERNAL RELATIONS OFFICE

Tel No.: (632) 931 6064 \* Telefax no. (632) 932 0104

Email: info@feufern.edu.ph Website: www.feufern.edu.ph

PHOTO  
(Size 2X2)  
most recent picture

### PROGRAM OFFERED BY DEPARTMENT:

**COLLEGE DEPT.:**

**BS Accountancy (BSA)**

**BS Business Administration major in:**

**Financial Management (BSBA FM)**

**Legal Management (BSBA LM)**

**Marketing (BSBA MKTG)**

**Operations Management (BSBA OM)**

**BS Information Technology (BS IT)**

**BS Computer Science (BS CS)**

**BASIC EDUCATION DEPT.:**

**Preparatory**

**Elementary**

**Secondary**

### Instructions:

1. Fill out application form & attach 2 pieces 2x2 colored ID picture.
2. Proceed to the Cashier and pay the testing fee of P200.00.
3. Submit completed application form and pictures to the Admissions Office and present your receipt.
4. Take the FEU-FERN College Admission Test (Entrance Test) on the specified schedule date and room assignment.
5. Kindly bring pencil and ID.

**THIS FORM IS NOT FOR SALE.**

## APPLICATION FORM

APPLICATION FOR: SCHOOL YEAR: \_\_\_\_\_ - \_\_\_\_\_ TRIMESTER (For College):  FIRST  SECOND  THIRD

First Choice of Course/Level:

Second Choice of Course (For College):

ENTRANCE TYPE:  FRESHMAN  TRANSFEREE  INTERNATIONAL STUDENT  Others: \_\_\_\_\_

Last Name

First Name

Middle Name

Birthdate (MM/DD/YYYY)

Age

Civil Status

Female  Male

Gender

Height

Weight

Birthplace:

Citizenship:

Type of Visa (If foreign student):

Telephone No.:

Cellphone No.:

Email address:

Permanent Address

City/Province

Zip Code

Mailing Address

City/Province

Zip Code

## FAMILY BACKGROUND

Father's Name

Occupation:

Mother's Name

Occupation:

Parent's Address:

City/Province:

Zip Code:

Parent's Tel. No.:

Parent's Cellphone No.:

Parent's Email address:

Designated Guardian:  Father  Mother  Other: \_\_\_\_\_

Residence:  With Parents  With Relatives  Boarding

Brothers / Sisters

Age

School / Occupation

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

If not living with parents, kindly fill up guardian information.

Guardian's Name:		Relationship:
Guardian's Address:		City/Province: Zip Code:
Guardian's Tel. No.:	Guardian's Cellphone No.:	Guardian's Email address:

## EDUCATIONAL BACKGROUND

<b>Elementary School (ES):</b>	Years Attended:
ES Address:	City/Province: Zip Code:
Honors, Awards, and Citation Received:	
<b>Secondary School (SS):</b>	Years Attended:
SS Address:	City/Province: Zip Code:
Honors, Awards, and Citation Received:	
<b>Tertiary School (TS):</b>	Years Attended:
TS Address:	City/Province: Zip Code:
Honors, Awards, and Citation Received:	
<b>Other Schools Attended (OS):</b> (If any):	Years Attended:
OS Address:	City/Province: Zip Code:

How did you learn about FEU-FERN College? Kindly check all that apply:

- |   |  |                                      |                                    |  |
|---|--|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> FEU-FERN Student | <input type="checkbox"/> FEU-FERN Faculty/Employee | <input type="checkbox"/> Career Talk | <input type="checkbox"/> Print Ads | <input type="checkbox"/> Walk in:      |
| <input type="checkbox"/> FEU-FERN Alumni  | <input type="checkbox"/> Referred by: _____        | <input type="checkbox"/> Exhibit     | <input type="checkbox"/> Website   | <input type="checkbox"/> Others: _____ |

O.R. #:	_____
Date:	_____
Date of Exam:	_____
Time:	_____
Venue:	_____

**I hereby certify that all I have indicated herein are true and correct.**

Signature of Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature of designated Guardian: \_\_\_\_\_  
 Date: \_\_\_\_\_

Do not write below this line:

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## APPLICATION PROCESSING

### ADMISSION REQUIREMENTS SUBMITTED

<p><b><u>COLLEGE DEPT.</u></b></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Form 138 (Report Card)</p> <p><input type="checkbox"/> Medical Certificate</p> <p><input type="checkbox"/> Certificate of Good Moral Character</p> <p><input type="checkbox"/> 2 pcs. Colored picture</p> <p>Additional for International Students:</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Student Visa</p> <p>For Transferees:</p> <p><input type="checkbox"/> Certificate of Transfer Eligibility</p> <p><input type="checkbox"/> Transcript of Records</p> <p>Remarks:</p>	<p><b><u>BASIC EDUCATION DEPT.</u></b></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Form 138 (Report Card)</p> <p><input type="checkbox"/> Medical Certificate</p> <p><input type="checkbox"/> Certificate of Good Moral Character</p> <p><input type="checkbox"/> 2 pcs. Colored picture</p> <p>Additional for International Students:</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Special Study Permit</p> <p>Remarks:</p>
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EXAM SCORE/RATING: \_\_\_\_\_

<b>ACTION TAKEN</b>
<b><u>ADMISSION OFFICER</u></b>
<input type="checkbox"/> Ok for Admission <span style="margin-left: 200px;"><input type="checkbox"/> Not Eligible for Admission</span>
<input type="checkbox"/> Refer to the Dean / Directress
Signature/Date: _____
<b><u>DEAN / DIRECTRESS</u></b>
<input type="checkbox"/> Ok for Admission. Eligible to enrol in: _____
<input type="checkbox"/> Recommending Probation <input type="checkbox"/> Not Eligible for Admission <input type="checkbox"/> No Accomodation
Signature/Date: _____