



AQUINAS UNIVERSITY OF LEGAZPI
STUDENT DEVELOPMENT SERVICES
TESTING CENTER
 Rawis, Legazpi City
 Tel No. 482-03-48

Attach one (1)
 2x2 picture here

Applicant No.: -

Freshman Transferee

PLEASE PRINT:

AUCAT APPLICATION FORM

Last Name Given Name Middle Name

Auxiliary Name (e.g. Jr., II, etc.) Gender Nationality

Birth Date - - Civil Status Gender Landline Number Mobile Number

mm dd yyyy

Permanent Mailing Address E-mail Address

Block #, Lot #, House#, Street, Village, Barangay

Town/Municipality Province Region Zip Code

Name of School Last Attended Expected Year of Graduation

Address of School Contact Number

Block#, Lot #, Street, Village, Barangay

Town/Municipality Province Region Zip Code

Course Preferences:

1st Choice 2nd Choice

*Please refer at the back of this form for the course offerings.

Applicant's Signature _____

SDS COPY

To be filled up by OTM staff:
 Processed by: _____
 Date: _____

Applicant No. - OR No.

Freshman Transferee

Name of Examinee

Last Name First Name Middle Name

DATE OF AUCAT: _____ TIME: _____ VENUE: _____

Course Preferences:

1st Choice 2nd Choice

SDS COPY

AUCAT PERMIT

Applicant No. - OR No.

Name of Examinee

Last Name First Name Middle Name

DATE OF AUCAT: _____ TIME: _____ VENUE: _____

Examiner's/Proctor's Signature: _____ Freshman Transferee

Signature above printed name

NOTE:
 Please bring this during the exam with your pencil: