

**VITA VERITATIS ET AMORIS EX GRATITUDINE**  
A Life of Truth and of Love out of Gratitude



*Pink - PACUCCA Level II Re-accredited*

**Doctor of Business Administration (DBA)**

*Development Education, and Public Administration*

**Doctor of Philosophy (PhD) majors in Counselor Education,**

**Master of Science in Management Engineering (MSME)**

**Master of Arts in Nursing (MAN)**

*major in Local Governance (Non-Thesis)*

**Master in Public Administration (MPA Plan B)**

**Master in Public Administration (MPA Plan A)**

*Executive Program for Clergy (Plan B)*

**Master of Business Administration (MBA)**

*General Curriculum*

**Master of Business Administration (MBA)**

*and Educational Management*

*Religious Education, Guidance and Counseling,*

**Master of Arts in Education (MAEd) majors in Math and Science Teaching,**

**GRADUATE SCHOOL PROGRAM OFFERINGS**

**CHOOSE UST-LEGAZPI! BE A LEGAZPI THOMASIAN!**



**University of Santo Tomas-Legazpi**

**GRADUATE STUDIES ADMISSION TEST  
APPLICATION FORM**

*Enrolment for Graduate School is on May 18 and 20, 2019*

# GSAT APPLICATION FORM

## PART I - STUDENT INFORMATION

APPLICANT NO.   -

O.R. #

FRESHMAN  TRANSFEREE

**INSTRUCTION: Please use black or blue ballpen. Write in PRINT only.**

ATTACH  
2"x2" PICTURE  
HERE  
  
(WITH NAMETAG  
& WHITE BACKGROUND)

LAST NAME

GIVEN NAME

MIDDLE NAME

DATE OF BIRTH (MM-DD-YYYY)   -   -

GENDER

CIVIL STATUS

NATIONALITY

RELIGION

MAILING ADDRESS

ZIP CODE

LANDLINE NO.

MOBILE NO.

E-MAIL ADDRESS

HIGHEST EDUCATIONAL ATTAINMENT

ZIP CODE

S.Y. LAST ATTENDED (YY-YY)   -

PROGRAM PREFERENCE

*I hereby attest that the information given herein is correct and complete. Any misrepresentation of information in the form will make me ineligible for admission and/or may subject me to dismissal from the University.*

APPLICANT'S SIGNATURE

## PART II - TERTIARY/ POSTGRADUATE SCHOOL RECORD

### SCHOLASTIC RECORD:

SECONDARY

SCHOOL/ ADDRESS: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_

TERTIARY

SCHOOL/ ADDRESS: \_\_\_\_\_

PROGRAM/ COURSE: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_

POST-GRADUATE

SCHOOL/ ADDRESS: \_\_\_\_\_

PROGRAM/ COURSE: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_

EXAMINATION SCHEDULE DATE  TIME

For inquiries: (052) 482-0201 to 04

278 -Admissions 201-Registrar 214-Testing 213-Finance

admissions@ust-legazpi.edu.ph



## GSAT TEST PERMIT

APPLICANT'S COPY

LAST NAME

APPLICANT NO:   -

FIRST NAME

MIDDLE NAME

MOBILE NO.  GENDER

HIGHEST EDUCATIONAL ATTAINMENT

PROGRAM PREFERENCE

ATTACH  
2"x2" PICTURE  
HERE

(WITH NAMETAG  
& WHITE BACKGROUND)

**TO BE ACCOMPLISHED BY OGT PERSONNEL**

O.R. NO.	ISSUED BY	
EXAM DATE	TIME	DATE ISSUED
VENUE	EXAMINER'S SIGNATURE	