**AUCAT APPLICATION FORM**

**APPLICANT NO.** [ ] - [ ] [ ] O.R. NO. [ ] - [ ] [ ]

[ ] FRESHMAN  [ ] TRANSFEREE

**LAST NAME**

**GIVEN NAME**  **MIDDLE NAME**

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

**GENDER**  **CIVIL STATUS**  **NATIONALITY**

**PERMANENT MAILING ADDRESS**

**ZIP CODE**

**LANDLINE NO.**  **MOBILE NO.**  **EMAIL ADDRESS**

**NAME OF LAST SCHOOL ATTENDED**

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

**SCHOOL ADDRESS**

**ZIP CODE**

**SCHOOL CONTACT NO.**

**PROGRAM PREFERENCES**

*PLEASE INCLUDE AT LEAST ONE (1) NON-BOARD COURSE*

**FIRST CHOICE**

**SECOND CHOICE**

**THIRD CHOICE**

**EXAMINATION SCHEDULE**

**DATE**

**TIME**

**APPLICANT’S SIGNATURE**

**AUCAT TEST PERMIT**

**APPLICANT’S COPY**

**LAST NAME**

**FIRST NAME**

**MIDDLE NAME**

**DATE OF BIRTH**  **GENDER**

**LAST SCHOOL ATTENDED**

**SCHOOL ADDRESS**

**PROGRAM PREFERENCES**

*PLEASE INCLUDE AT LEAST ONE (1) NON-BOARD COURSE*

**FIRST CHOICE**

**SECOND CHOICE**

**THIRD CHOICE**

**TO BE ACCOMPLISHED BY OAGP PERSONNEL**

**O.R. NO.**

**EXAM DATE**  **TIME**

**VENUE**

**ISSUED BY**

**DATE ISSUED**

**EXAMINER’S SIGNATURE**

**ATTACH 2”X2” PICTURE HERE**