



# AQUINAS UNIVERSITY OF LEGAZPI

RAWIS, LEGAZPI CITY 4500 PHILIPPINES

This form may be photocopied

### APPLICATION REQUIREMENTS

The following are required in applying for the Aquinas University College Admission Test (AUCAT).

1. Accomplish an application form
2. Submit the following together with the accomplished application form:
  - a. Two (2) 2"x 2" recent identical pictures with plain background
  - b. Proof of candidacy for graduation
  - c. Payment of Application fee P200.00

2" X 2" Picture

Application No.:

O.R No.:

Freshman

Transferee

## APPLICATION FORM

\*Please use ballpen and write in print only.

<input type="text"/>				<input type="text"/>			
Last Name				Auxiliary Name (e.g Jr., III etc.)			
<input type="text"/>				<input type="text"/>			
Given Name				Landline No.			
<input type="text"/>				<input type="text"/>			
Middle Name				Mobile No.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth		Gender	Civil Status	Nationality	E-mail Address		
<input type="text"/>							<input type="text"/>
Permanent Mailing Address							Zip Code
<input type="text"/>							<input type="text"/>
Name of School last attended (Do not abbreviate)							S.Y last attended
<input type="text"/>							<input type="text"/>
Address of School							Zip Code
<input type="text"/>	School Type		( ) PRIVATE (SECTARIAN)	( ) PUBLIC			
School Contact No.			( ) PRIVATE (NON- SECTARIAN)				

### PROGRAM PREFERENCES

(Please refer at the back of this form for the program offerings.)

<input type="text"/>	<input type="text"/>
1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice

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

Applicant's Signature

Date

SDS Copy



### AUCAT TEST PERMIT

APPLICANT NO. : \_\_\_\_\_

NAME : \_\_\_\_\_  
 Last Name Given Name Middle Name

ADDRESS : \_\_\_\_\_

NAME OF SCHOOL LAST ATTENDED : \_\_\_\_\_

ADDRESS OF SCHOOL : \_\_\_\_\_

PROGRAM PREFERENCES: \_\_\_\_\_  
 1<sup>st</sup> Choice 2<sup>nd</sup> Choice

2" X 2" Picture

### IMPORTANT

1. Please bring this permit during the exam with 2 pcs. Mongol pencil no.2
2. Exam results will be released 3 days subsequent to the test schedule.

### SCHEDULE OF EXAM

DATE : \_\_\_\_\_ TIME : \_\_\_\_\_ VENUE : \_\_\_\_\_

O.R NO. : \_\_\_\_\_ SIGNATURE OF EXAMINER/ PROCTOR : \_\_\_\_\_

Applicant's Copy