## Xavier University

**Ateneo de Cagayan**

**OFFICE OF THE GRADUATE SCHOOL**



Recent

Photo of Applicant



**APPLICATION FOR ADMISSION TO GRADUATE SCHOOL**

|  |
| --- |
| **Instructions: 1) Fill out this form clearly and submit completed application form and other requirements. Use separate sheets to answer some of the**  **items, if necessary.**  **2) Schedule yourself for testing on any of the dates set by the XU Office of Promotions, Testing and Admission (OPTA)** |
|  |

|  |  |
| --- | --- |
| For the School Year \_\_\_\_\_\_\_\_\_\_ [ ] Summer  [ ] First Semester  [ ] Second Semester | Graduate Degree Program Applied for: |

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name | Last Name First Name Middle Name | | | | | | | | | | | | | | | | | |
| Complete Mailing Address |  | | | | | | | | | | | | | | | | | |
| Office (and address) |  | | | | | | | | | | | | | | | | | |
| Job Title |  | | | | | | | | | | | | | | | | | |
| Telephone Numbers | Residence | ( )  Area Code | | | | | | Office | | | | ( )  Area Code | | | | | | |
| Mobile No. | ( )  Area Code | | | | | | Fax No. | | | | ( )  Area Code | | | | | | |
| E-mail Address |  | | | | | | | Gender | | | | [ ] M | | | | [ ] F | | |
| Date of Birth | / /  month/day/year | | | Age |  | | Place of Birth | | |  | | | | Nickname | | |  | |
| Citizenship | [ ] Filipino | | [ ] Others, pls. specify: | | | | | | | | Religion | | |  | | | | |
| Civil Status | [ ] Single | | [ ] Married | | | [ ] Separated | | | [ ] Widowed | | | | | Blood Type | | | |  |
| If married, name of spouse | Last Name First Name Middle Name | | | | | | | | Contact No. | | | | Mobile No. | | ( )  Area Code | | | |
| Person (and address) to contact in case of emergency |  | | | | | | | | Contact Nos. | | | | Residence | | ( )  Area Code | | | |
|  | | | | | | | | Mobile No | | ( )  Area Code | | | |

**EDUCATIONAL BACKGROUND – SCHOOLS ATTENDED**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Complete Name and Location of All Schools Attended | Dates of Attendance | Degree and  Year Received |
| Graduate School |  |  |  |
| College |  |  |  |
| High School |  |  |  |

**EMPLOYMENT RECORD**

|  |  |  |
| --- | --- | --- |
| Name of Organization | Nature of Work | Period of Employment |
|  |  |  |
|  |  |  |
|  |  |  |

**ACADEMIC HONORS OR PROFESSIONAL/SPECIAL AWARDS RECEIVED**

|  |  |  |
| --- | --- | --- |
| Award(s) Received | Awarding Institution | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**SEMINARS/TRAINING**

(relevant to the program of study you are applying for, if any)

|  |  |  |
| --- | --- | --- |
| Seminars/Workshops  Training Programs Attended | Organizing Institution(s) | Inclusive Dates |
|  |  |  |
|  |  |  |
|  |  |  |

**REFERENCES**

|  |  |  |
| --- | --- | --- |
|  | Name | Position, Institution, Telephone No. & E-mail Address |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

I hereby declare that all information written in this application is complete and accurate. If accepted as a student, I agree that my admission, registration, and graduation are subject to the rules and regulations of Xavier University – Ateneo de Cagayan.

APPLICANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important: Credentials filed in support of this application become the property of Xavier University and will not be returned to the applicant.

Misrepresentation of information requested in this application may result in refusal or cancellation of admission.

**Action taken by:** 1) Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks Signature

2) Dean, Graduate School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks Signature

|  |  |
| --- | --- |
| **For Graduate School Office Use** | |
| ID N0. |  |
| GLEE |  |
| STATUS |  |
| Scholarship |  |

**ADDITIONAL INFORMATION REQUIRED OF**

**FOREIGN APPLICANT**

|  |  |
| --- | --- |
| Passport No. |  |
| Issued at |  |
| Expiry Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Visa in Passport |  | Validity of Visa | / / |
| month/day/year |
| Name of [ ] Friend [ ] Relative in the Philippines |  | | |
| Complete Address | Street No. Street Subdivision/Barangay City/Municipality | | |
| Contact Information | Province Country ZIP Code Telephone No. | | |