



**CONCORDIA COLLEGE**  
**Higher Education Guidance Office**  
1739 Pedro Gil St. Paco, Manila  
Tel. No. 564-2001/02

[www.concordia.dcpilippines.org](http://www.concordia.dcpilippines.org)

CC Guidance Office

**APPLICATION FOR ADMISSION**

2 x 2 photo

**HIGHER EDUCATION DEPARTMENT**

Course: \_\_\_\_\_ Year Level: \_\_\_\_\_

Application For: ☐ First Semester ☐ Second Semester ☐ New Student ☐ Transferee School Year: \_\_\_\_\_

Name: \_\_\_\_\_  
Surname First name Middle name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: ☐ Male ☐ Female Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Present Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

How did you get to know Concordia College? \_\_\_\_\_

Who will spend for your studies? \_\_\_\_\_

If other than your parents, state your relationship \_\_\_\_\_

Are you under any scholarship/ educational plan? ☐ Yes ☐ No

If yes, name of the scholarship/ educational plan: \_\_\_\_\_

Credentials Presented: (Photocopies only)

**For College Freshmen:**

- ☐ Form 138
- ☐ Good Moral Character
- ☐ Birth Certificate
- ☐ Baptismal Certificate
- ☐ Latest ID picture
- ☐ Medical Certificate

**For College Transferee:**

- ☐ Transcript of Records
- ☐ Honorable Dismissal
- ☐ Birth Certificate
- ☐ Baptismal Certificate
- ☐ Latest ID picture
- ☐ Medical Certificate

I certify that the information furnished herein is true and correct and I fully understand that any falsification will be considered sufficient ground for rejection of this application and for dismissal.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date



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**APPLICATION FOR ADMISSION**

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**MARILLAC ALTERNATIVE TRANSFORMATIVE  
LEARNING SYSTEM**

**Course:** \_\_\_\_\_ **Year Level:** \_\_\_\_\_

**Application For:** ☐ First Semester ☐ Second Semester **School Year:** \_\_\_\_\_  
☐ New Student ☐ Transferee

**Name:** \_\_\_\_\_  
Surname First name Middle name

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Gender:** ☐ Male ☐ Female **Nationality:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Civil Status:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Tel. No.:** \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_

**How did you get to know Concordia College?** \_\_\_\_\_

**Who will spend for your studies?** \_\_\_\_\_

**If other than your parents, state your relationship** \_\_\_\_\_

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**If yes, name of the scholarship/ educational plan:** \_\_\_\_\_

**Credentials Presented:** *(Photocopies only)*

**For College Freshmen:**

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CC Registrar's Office

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MARILLAC ALTERNATIVE TRANSFORMATIVE  
LEARNING SYSTEM

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Application For: ☐ First Semester ☐ Second Semester **School Year:** \_\_\_\_\_  
☐ New Student ☐ Transferee

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Surname First name Middle name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: ☐ Male ☐ Female Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_

City Address: \_\_\_\_\_

Provincial Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Average Monthly Income: \_\_\_\_\_

Parents/ Guardian's Name: \_\_\_\_\_  
Father Mother Guardian

Nationality: \_\_\_\_\_  
Father Mother Guardian

Religion: \_\_\_\_\_  
Father Mother Guardian

Average Monthly Income: \_\_\_\_\_

EDUCATIONAL BACKGROUND

Elementary: \_\_\_\_\_  
School Address Inclusive Years Honors Received

High School: \_\_\_\_\_  
School Address Inclusive Years Honors Received

College: \_\_\_\_\_  
School Address Inclusive Years

ADDITIONAL INFORMATION

1. How would you rate your own general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor  
2. Who will spend for your studies? \_\_\_\_\_ Relationship \_\_\_\_\_  
3. Reasons for taking up the course \_\_\_\_\_  
4. Why do you want to study in this school? \_\_\_\_\_  
5. Name and address of person not related to you for reference:

Name Address  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant Date of Application  
\_\_\_\_\_  
\_\_\_\_\_



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