

University of Southeastern Philippines  
Office of the University Registrar

**UNDERGRADUATE STUDENT PERSONAL INFORMATION SHEET**

Student Type:  Local  Foreign

**PROGRAM APPLIED FOR:** Undergraduate ( \_\_\_Senior High \_\_\_Transferee ) ETEEAP Advanced Studies School of Medicine School of Law

PERSONAL INFORMATION <i>(for Local &amp; Foreign Applicants)</i>	<i>(for Foreign Applicants ONLY)</i>
Last Name: First Name: Middle Name:                      Suffix: Date of Birth:                      Place of Birth: Gender:                              Status: Citizenship:                        Religion: Present Address: Permanent Address: Zip Code: E-mail Address: Contact Number: Person with Disability: ( ) Yes ( ) No If yes, indicate Disability: Member of Indigenous Peoples: ( ) Yes ( ) No If yes, indicate tribe:	<b>Name (as written in your native language alphabet)</b> Last Name: First Name: Middle Name: Suffix: Other Names:  <b>Passport Details</b> Passport Number: Place of Issue: Date Issued: Expiry Date:
<b>FAMILY BACKGROUND</b>	<b>SCHOLASTIC BACKGROUND</b> <i>(for Undergraduate Local/Foreign Applicants ONLY)</i> Graduate of K-12 curriculum?    Yes    No If yes, Senior High School Track: _____ Strand: _____

**EDUCATIONAL BACKGROUND**

Level	Name of School	Type of School <i>(Private or Public)</i>	Year Graduated	Degree Program <i>(if applicable)</i>	Address
Elementary					
Jr. High School <i>(High School for OLD Curriculum)</i>					
Sr. High School <i>(if applicable)</i>					
Vocational/Trade Course <i>(if applicable)</i>					
Degree <i>(if applicable)</i>					
Graduate Degree <i>(if applicable)</i>					

**COURSE/PROGRAM INFORMATION**

*Note: Identify THREE (3) preferences for Undergraduate Applicants.*

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