



LPU

LYCEUM OF THE PHILIPPINES UNIVERSITY
MANILA • MAKATI • BATANGAS • LAGUNA • CAVITE • DAVAO

APN: _____

COLLEGE DEPARTMENT

ADMISSION EXAM APPLICATION FORM

FM-LPL/LPU-SC-GUID-01
REVISION No.: 08

REVISION DATE: November 2017

1. Completely fill out all items below in black ink.
2. Applicant Information area may be filled out by the student applicant, other sections may be filled-out by the parent or guardian accompanying the applicant.
3. Once done, present this form to the Admission officer for encoding and proceed to the Treasury Office for the payment of the Entrance Exam Fee.
4. Present your form and receipt to the Guidance and Testing Center on the day of the exam.

APPLICANT INFORMATION

NAME	_____	_____	_____
	FAMILY NAME	GIVEN NAME	MIDDLE NAME
CURRENT ADDRESS	_____		
	BLK/LOT/HOUSE/UNIT No.	BUILDING/STREET NAME/SUBDIVISION	BARANGAY CITY/MUNICIPALITY/PROVINCE
DATE OF BIRTH	_____	PLACE OF BIRTH _____	RELIGION _____ GENDER _____
MOBILE NUMBER	_____	LANDLINE No. _____	NATIONALITY _____
FATHER'S NAME	_____	OCCUPATION _____	CONTACT No. _____
MOTHER'S NAME	_____	OCCUPATION _____	CONTACT No. _____
If parent's are not available: GUARDIAN'S NAME	_____	CONTACT No. _____	RELATIONSHIP _____

PROGRAM APPLIED

First Choice

Second Choice

Third Choice

ACADEMIC INFORMATION

For Freshman:

JUNIOR HIGH SCHOOL	_____	YEARS ATTENDED	_____
SENIOR HIGH SCHOOL	_____	YEARS ATTENDED	_____

For Transferee/Second Courser:

SCHOOL NAME	_____
PROGRAM	_____

How did you find out about LPU?

- Referred LPU Website Flyer Twitter Facebook Instagram Billboard ad (where) Poster (where) Career Orientation

CERTIFICATION

I certify on my honor to the correctness of the foregoing and I authorize LPU to verify all information supplied herein. I fully understand that misinterpretation of any information supplied herein will be considered sufficient reason for refusal of my admission or may jeopardize my continued stay after admission has been granted.

_____ *Signature over printed name of Applicant*

ADMISSION TEST DETAILS

Examination Date	_____
Examiner	_____
Room	_____
Receipt No.	_____

Thank you for choosing



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