



APPLICATION FORM FOR EARIST COLLEGE ADMISSION TEST

(The student applicant must accomplish this application form)

Name: _____
 (Print) Last Name First Name Middle Name

Course Applied: _____ - _____ Major: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Civil Status: _____ Religion: _____ Sex: _____

City Address: _____ Tel.No: _____

Provincial Address _____ Tel.No: _____

Name of Spouse (If married): _____ Age: _____ Occupation: _____

Company Name/ Address/Tel.No.: _____

Father's Name: _____ Age: _____ Occupation: _____

Mother's Name: _____ Age: _____ Occupation: _____

Address: _____ Tel.No: _____

EDUCATIONAL BACKGROUND:

Name of School	Inclusive Date/s	Honor/Awards Received
Elementary: _____		
Address: _____		
Secondary: _____		
Address: _____		

If transferee:

Vocational/Technical: _____

Address: _____

College: _____

Address: _____

ECONOMIC BACKGROUND:

Monthly Gross Income of the Family (Please Check)

____ P 20,000 ____ 11,000 to 15,000 ____ 3,000 to 5,000

____ 16,000 to 19,000 ____ 6,000 to 10,000 ____ below 2,000

ADDITIONAL INFORMATION:

1. Why did you choose EARIST among other school?

____ low tuition fee ____ accessibility to transportation

____ proximity of residence ____ High standard Quality Education

____ all programs are accredited ____ Others _____

2. Who will support your studies?

Name: _____ Relationship: _____

Address: _____

Are you under scholarship grant? _____

If yes, state the name of your sponsor: _____

3. Reason for choosing this course:

____ it is in demand ____ fails the exam. Given by other school

____ advise of other ____ My personal choice & interest

____ its parent decision ____ others (pls, specify) _____

I hereby certify that the information given are true and correct to the best of my knowledge and belief. Any false information will disqualify me for admission and/or subject for dismissal. I do solemnly promise that I will comply with the rules and regulations of the Eulogio "Amang" Rodriguez Institute of Science and Technology.

This is to certify that, as College Student Applicant of EARIST for SY 2008-2009, I am undertaking a waiver on any action concerning adjustment in tuition and other miscellaneous fees and my signature has concurrence of my parent/guardian

_____ Date _____ Signature of Student over printed name

ACTION TAKEN: (To be filled by the admission officer)

College: _____ Course Applied: _____

Date of Exam: _____ Bldg.: _____ Room no.: _____

Time: 7:00 -12:00 AM ; 1:00-5:00 PM ; O.R No. _____

Schedule by: _____

