

Privacy Policy

This Privacy Policy describes Philippine Women's University practices regarding the collection, use, disclosure and disposal of data we collect from you through this application form.

In compliance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations, the University shall collect the following information, such as but not limited to: name, photograph, address, telephone number, academic history and other information necessary for the declared purpose(s) herein.

All information obtained herein shall be solely used by the University or its respective department or offices for purposes of scheduling your entrance exam and admission evaluation.

Any information contained in this form shall be processed, stored and disposed primarily by the Admission Office, without prejudice to the right of the University to share it with its other departments or offices for purposes of announcement or communication.

ategory: Freshman	Date	of Application.		Application ID No
Name	ategory:		· -	
Name Please Print LAST FIRST MIDDLE Nickname Contact # Gender Ge	ourse:	1 st Choice	Academic Y	ear 20
Nickname		2 nd Choice	□ 1 st Trimes	eter 🗆 2 nd Trimester 🗆 3 rd Trimester
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Home Address	Please Print	LAST	FIRST	MIDDLE
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Date of Birth Place of Birth Age Civil Status Name of School last attended Address of School last attended Public Private LOCATON: Metro Manila Outside Metro Manila Internation	Email Add	dress	Citizenship	Gender
Name of School last attended	Date of B	irth	Place of Birth	Age Civil Status
Address of School last attended	Name of	School last attended_		
Name of Parent/Guardian	Address of	of School last attended	<u></u>	
Address of Parent/Guardian_ Parent/Guardian's Occupation_ Working:	□ Public	□ Private	LOCATON: Metro Manila	Outside Metro Maniia 🗆 Internationa
Address of Parent/Guardian_ Parent/Guardian's Occupation_ Working:	Name of	Parent/Guardian		Relation
Parent/Guardian's Occupation Working:				
Working: Abroad	Parent/G	uardian's Occupation		
Why do you want to study at PWU? APPLICATION ID No. NAME COURSE Please present this slip at the: (school/department) Assessed by: (signature over printed name) Recommended exam: Regular Scholarship 2. Cashier's Window for the payment of the application fee. 3. Guidance and Testing Office to take the exam.				
APPLICATION ID No NAME COURSE Please present this slip at the : 1 for evaluation of credentials.		vou know about DM/LI	Online - Newspaper/Radio/TV	′ □ Career Fair/Talk □ Others:
APPLICATION ID No NAME COURSE Please present this slip at the : 1 for evaluation of credentials. (school/department) Assessed by: Date/Time (signature over printed name) Recommended exam : Regular Scholarship 2. Cashier's Window for the payment of the application fee. 3. Guidance and Testing Office to take the exam.				
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(psychometrician's signature over printed name)