



Application ID No.: \_\_\_\_\_

### APPLICATION FOR ADMISSION

Category :  Freshman  Short term  Post Graduate  
 Transferee  2<sup>nd</sup> Courser  Foreign Student

Course: 1<sup>st</sup> Choice \_\_\_\_\_ Applying for :  1<sup>st</sup> Tri  2<sup>nd</sup> Tri  3<sup>rd</sup> Tri  
2<sup>nd</sup> Choice \_\_\_\_\_ Academic Year 20\_\_\_\_ - 20\_\_\_\_

Name \_\_\_\_\_  
(Please PRINT) Last First Middle Nickname

Home Address \_\_\_\_\_

Contact No. \_\_\_\_\_ Email Address \_\_\_\_\_ FB Account \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship \_\_\_\_\_

Name of school last attended \_\_\_\_\_

Address of school last attended \_\_\_\_\_

Public  Private Location:  Metro Manila  Provincial  International

**Please continue answering at the back.**

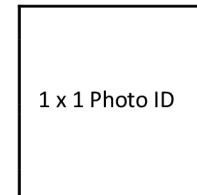
#### ENTRANCE TEST STUB.

Please present this stub to the entrance test administrator at the **Guidance Office.**

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

Course: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Exam Time: \_\_\_\_\_

Entrance Test Fee: \_\_\_\_\_ O.R. Number: \_\_\_\_\_



Name of Parent/Guardian \_\_\_\_\_ Relation \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_ Contact No (s). \_\_\_\_\_

Parents' Occupation:  Father working abroad  Mother working abroad  
 Father working locally  Mother working locally  Others \_\_\_\_\_

Who referred you to PWU?  Relative  Friends  Alumna  PWU/ JASMS Graduate?  
 Others \_\_\_\_\_ Course/Year \_\_\_\_\_

How did you know about PWU ? Please check one.

FB  Twitter  Instagram  Website  Newspaper  TV Ads  Blogs  
 School Career Fair/Talk  Others \_\_\_\_\_

State the reason(s) why you want to study at Philippine Women's University?

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#### 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.

Agree . Sign over Printed Name \_\_\_\_\_ Date \_\_\_\_\_