



# University of San Carlos

Cebu City

Please staple one  
2x2 colored ID  
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background

## STUDENT'S PERSONAL DATA

To be submitted to the Registrar's Office upon enrollment.

To be filled up by USC:

COLLEGE OF \_\_\_\_\_ Encoder's Signature: \_\_\_\_\_

Academic Year: \_\_\_\_\_  
 1<sup>st</sup> Semester       1<sup>st</sup> Trimester      Enrolment Status:  New First Year  
 2<sup>nd</sup> Semester       2<sup>nd</sup> Trimester       Transferee  
 Summer       3<sup>rd</sup> Trimester       Returnee  
 Summer       Summer       Second Courser (USC Graduate)

Student ID No.: \_\_\_\_\_ Academic Program: \_\_\_\_\_ Year Level: \_\_\_\_\_  
 Cross Registrant/Study Permit  
 Special Student (Non-Credit Course/s)

PLEASE WRITE LEGIBLY (ALL IN CAPITAL LETTERS) AND FILL ALL THE BLANKS WITH THE REQUIRED INFORMATION  
 To be filled up by the applicant: (Data written below must be consistent with what appears in the original birth certificate.)

Family Name : \_\_\_\_\_  
 Given Name : \_\_\_\_\_  
 Middle Name : \_\_\_\_\_  
 Gender :  Male  Female  
 Date of Birth : month \_\_\_\_\_ day \_\_\_\_\_ year 19\_\_\_\_ Religion : \_\_\_\_\_  
 Place of Birth : \_\_\_\_\_ Landline : \_\_\_\_\_  
 Nationality : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Civil Status : \_\_\_\_\_ Email : \_\_\_\_\_

PRESENT ADDRESS  
 \_\_\_\_\_ (House No., Street Name)  
 \_\_\_\_\_ (Barangay, Town or City)  
 \_\_\_\_\_ (Province, Country)  
 \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Landline) \_\_\_\_\_ (Mobile No.)

PERMANENT ADDRESS  
 \_\_\_\_\_ (House No., Street Name)  
 \_\_\_\_\_ (Barangay, Town or City)  
 \_\_\_\_\_ (Province, Country)  
 \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Landline) \_\_\_\_\_ (Mobile No.)

Father's Name : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Mother's Name : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Parents' Landline: \_\_\_\_\_ Mother's Mobile No.: \_\_\_\_\_  
 Parents' E-mail Address: \_\_\_\_\_ Father's Mobile No. : \_\_\_\_\_  
 Parent's Monthly Gross Income:  Php 0 – 5,000       Php 10,001 – 15,000       Php 20,001 – above  
 Php 5,001 – 10,000       Php 15,001 – 20,000

Guardian's Name: \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Address: \_\_\_\_\_ Landline : \_\_\_\_\_  
 Mobile No. : \_\_\_\_\_

### EDUCATIONAL ATTAINMENT

	Name of School	Address	Year Completed
Elementary	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Last School Attended	_____	_____	_____
Academic Program	_____		

CHECK BOXES :  PUBLIC SCHOOL       PRIVATE SCHOOL  
 CATHOLIC SCHOOL       NON-CATHOLIC SCHOOL

RELIGIOUS INSTRUCTIONS: No. of Years \_\_\_\_\_ ETHICS COURSES : No. of Units \_\_\_\_\_

I hereby certify that all entries herein are true and correct. I certify further that I will read thoroughly the Student's Manual and commit myself to follow its provisions.

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_