



# FAR EASTERN UNIVERSITY

ADMISSIONS AND EXTERNAL RELATIONS OFFICE  
Tel. No. 735-5621 loc 251 • 736-0036

## ENTRANCE EXAMINATION APPLICATION FORM IL/IGS/OTHERS

OR # :

Date :

Date :

Semester :  1  2

School Year

PHOTO  
(Size 2x2)  
most recent picture

Accomplish this form completely, accurately and in block capital letters

### A. General Information

Name :     Nickname :

Surname                      Given Name                      Middle Name

Birthdate :  Birthplace :  Gender :  Age :

Mon/Day/Year                      City/Town                      Province

Nationality :  Civil Status:  Single  Married  Separated No. of children :

Religious Affiliation :  Height :  Weight :  kgs.

Present Address :

Phone No.:  E-mail add :  Cel. No. :

Permanent Address :     Phone No. :

No. Street                      Brgy. / District                      City / Municipality / Province                      Zip Code

### B. Educational Information

College / Universities Attended	Address	Degrees	Major	Date of Graduation

Complete name of Educational Institution last attended :

Address :

### C. Personal Information

Course Preference :  Major :

No. of brothers/sisters :  Hobbies/Interests :  Special talents/skills :

Foreign language spoken :  Dialect :

Source of Tuition/other expenses :  Parents  Relatives  Scholarship (indicate the name)

Residence :  Dormitory/boarding house  Own house  (rented  owned)

Relative/friend's house  Parent's house  (rented/owned)  Others :

Student Status :  Professional student  Working student Pls. indicate nature of profession/work

Name of Company :  Address :

Why did you choose FEU?

### D. Family

	Father	Mother	Husband / Wife
Name :			
Business Address :			
Business Tel. No. :			
Age :			
Birthplace / Birthdate :			
Occupation / Job :			
Highest Education Completed :			
Average Annual Income :			

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OR # :

Date :

Date of Exam :

Room :

Name :

Time :

N.B. 1) Be sure to come 15 minutes before the scheduled examination time.  
2) Bring the following: I.D. Card and 2 pencils w/ erasers

Name of Scheduling Personnel  
(Signature over printed name)