

**CENTRAL PHILIPPINE UNIVERSITY**

Office of the Registrar

**Foreign Student Application Form**\_\_ 1<sup>st</sup> \_\_ 2<sup>nd</sup> \_\_ Summer S.Y. \_\_\_\_\_**PLEASE FILL OUT THE FORM COMPLETELY WITH YOUR MOST UPDATED INFORMATION****STUDENT INFORMATION**

Complete name of Degree/Program	
CLASSIFICATION	<input type="checkbox"/> REGULAR <input type="checkbox"/> EXCHANGE STUDENT <input type="checkbox"/> Others:
NATIONALITY	

Recent 2x2 picture

White Background

**PERSONAL INFORMATION**

SURNAME		RELIGION	
FIRST NAME		DATE OF BIRTH	
MIDDLE NAME		PLACE OF BIRTH	
NICKNAME			
CIVIL STATUS		GENDER	

**CONTACT INFORMATION**

ADDRESS			
Telephone #		Cell Phone #	
Email Address			
Name of Contact Person or Guardian (in case of emergency)		Contact Number	
		Address	
Relationship			

**VISA AND OTHER DOCUMENTARY REQUIREMENTS**

<b>PASSPORT</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>DATE OF EXPIRATION</b>
<b>VISA/PERMIT</b> <input type="checkbox"/> SSP <input type="checkbox"/> Tourist -9a <input type="checkbox"/> Student -9f <input type="checkbox"/> Missionary -9g <input type="checkbox"/> Pre-arranged -9g <input type="checkbox"/> Other type of Visa: _____			
<b>REMARKS:</b>			

**I affix my signature to certify the truthfulness of information I have given/written above:**\_\_\_\_\_  
Signature over Printed Name\_\_\_\_\_  
Date