



OUR LADY OF FATIMA UNIVERSITY
Fatima Medical Science Foundation, Inc.
FATIMA COLLEGE OF MEDICINE

AFFILIATED WITH PENINSULA HOSPITAL CENTER, NEW YORK
 AFFILIATED WITH JACKSON PARK HOSPITAL, CHICAGO
 RECOGNIZED BY NEW YORK STATE BOARD OF EDUCATION
 ACCREDITED BY ILLINOIS STATE BOARD OF REGULATION
 120 McArthur Highway, Valenzuela City, Philippines
 Tel. Nos. 291-6556 • 444-5939 • 293-2703 to 06

APPLICATION FOR ADMISSION

FULL FACE
 2 1/2" x 2 1/2"
 Photograph
 Taken within
 2 months

School Year _____

NAME (Please Print): _____
(Surname) (Given Name) (Middle Name)

CURRENT ADDRESS: _____ Tel. No. _____

PERMANENT ADDRESS: _____ Tel. No. _____

CELLPHONE NO.: _____ E-mail Address: _____

PLACE OF BIRTH: _____ DATE: _____ SEX: _____

NATIONALITY & CITIZENSHIP: _____
(If Alien or not Filipino-mention citizenship and ACR No.)

CIVIL STATUS: _____ Religion: _____

1. Aside from this school mention the other medical schools (abbreviated form) you have applied for admission:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

2. Have you been admitted to any medical school before? If so, mention the name of the school and the year: _____

4. NMAT Rating: _____ Year Taken _____

5. Mention the degree, year and school that you have graduated from College.

6. Mention Academic Honors you have garnered while in College.

7. Father's Name: _____
 Degree Obtained: _____ Occupation: _____
 Business Address: _____

8. Mother's Name: _____
 Degree Obtained: _____ Occupation: _____
 Business Address: _____

9. Mention brothers and sisters and their educational attainment, if any, and their civil status.

(Continuation at the back)

10. Aside from parents mention relative's name and occupation who will help you finance your studies.

11. Are you a government agency scholar? If so, mention the scholarship.

12. Were you a member of any extra-curricular organization, egg. clubs, political groups, religious groups, fraternities? If so, mention the organization.

13. Are you applying for scholarships or grants in this institution? If so, please indicate total annual income of your parents.*

14. Are you willing to undergo physical examination once you have been accepted by the Admission Committee?

15. Give names and business address of personas who referred you to this institution.

16. In a paragraph of not more than 100 words, state your motivation for your choice of medicine as a profession.

I hereby certify that I have read carefully all the foregoing and that all my answers are truthful and accurate. I understand that any form of misrepresentation on my part is enough cause for administrative sanctions by this institution.

If admitted I shall abide by all the regulations and policies promulgated by the OUR LADY OF FATIMA UNIVERSITY - Fatima Medical Science Foundation, Inc.

Signature of Student

Witnesses:

* Students applying for scholarship grant should take the scholarship exams as per schedule.