



UNIVERSITY of the ASSUMPTION

GRADUATE STUDENT INFORMATION SHEET

IMPORTANT: Have this form accomplished and submit it to the Office of the University Registrar.

I. PERSONAL INFORMATION

Name _____ Student No. _____

Last First Middle Name Suffix

Sex _____ Civil Status: _____ Citizenship _____ Date of birth _____

Place of Birth _____

Permanent Address _____

Mailing Address _____

Home Phone No. _____ Mobile No. _____ Email _____

Program of Studies (Course) _____ Current Term/AY _____

Classification: Please check () *Freshman* () *Transferee*

II. EDUCATIONAL BACKGROUND

Educational level	Name of School	School Address	Inclusive Years	Date of Graduation
<i>Elementary</i>	_____	_____	_____	_____
<i>Junior High School</i>	_____	_____	_____	_____
<i>Senior High School</i>	_____	_____	_____	_____
<i>College</i>	_____	_____	_____	_____
<i>Graduate</i>	_____	_____	_____	_____
<i>Post Graduate</i>	_____	_____	_____	_____
<i>School last attended</i>	_____	_____	_____	_____

III. INFORMATION ABOUT FAMILY

Father's Name _____ Date of birth _____

Last First Middle Name Suffix

Permanent Address _____

Mailing Address _____

Occupation _____ Company _____

Company Address _____

Company Phone No. _____ Mobile No. _____ Email _____

Mother's Maiden Name _____ Date of birth _____

Last First Middle Name Suffix

Permanent Address _____

Mailing Address _____

Occupation _____ Company _____

Company Address _____

Company Phone No. _____ Mobile No. _____ Email _____

Spouse's Name _____ Date of birth _____

Last First Middle Name Suffix

Permanent Address _____

Mailing Address _____

Occupation _____ Company _____

Company Address _____

Company Phone No. _____ Mobile No. _____ Email _____

I certify that the information given herein is correct and complete. I authorize the University to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase and destruct my personal data as deemed necessary.

Signature of Student

Date