



Engineering and Technology

P. Prieto St., Batangas City, Batangas
 Tel. No. (043) 723-2663 loc. ____
 Website: www.goldengatecolleges.net
 Email: _____

Attached
2 X 2
Picture here

STUDENT'S DATA QUESTIONNAIRE/APPLICATION FORM

Application Date: _____ **Application Type:** New Transferee Cross-enrollee

Program Preference:

- BSIT** (Bachelor of Science in Information Technology)
 BSME (Bachelor of Science in Mechanical Engineering)
 BSCHE (Bachelor of Science in Chemical Engineering)
 BSEE (Bachelor of Science in Electrical Engineering)

PERSONAL INFORMATION: Print legibly. Mark appropriate boxes with "X".

LAST NAME:				
FIRST NAME:				
MIDDLE NAME:				
	NAME EXTENSION (E.G. Jr., Sr.):			
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	CITIZENSHIP:	RELIGION:	AGE:	
DATE OF BIRTH (mm/dd/yyyy):	PLACE OF BIRTH:	CIVIL STATUS:		
PRESENT ADDRESS:				ZIP CODE:
PERMANENT ADDRESS:				POSTAL CODE:
TELEPHONE NO.:	MOBILE NO.:	EMAIL (if any):		

FAMILY BACKGROUND (Use separate sheet if necessary)

	NAME	AGE	CITIZENSHIP	CIVIL STATUS	HIGHEST EDUCATIONAL ATTAINMENT	OCCUPATION	MONTHLY INCOME
FATHER:							
MOTHER:							
SIBLINGS:							

PARENTS' ADDRESS: _____
(Fill – out only this portion if applicant is living with Guardian)

GUARDIAN'S NAME: _____ RELATIONSHIP: _____

OCCUPATION: _____ CONTACT NO.: _____

ADDRESS: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____
 CONTACT NO.: _____

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	SCHOOL ADDRESS	INCLUSIVE DATES	GEN. AVE.
JUNIOR H.S.:				
SENIOR H.S.:				
TERTIARY S.:				
GRADUATE S.:				

HONORS/AWARDS RECEIVED: _____

HOBBIES/TALENTS: _____

SOCIAL ACTIVITY/AFFILIATION

NAME OF ORGANIZATION	POSITION	INCLUSIVE YEARS

HEALTH RECORD

Any health problem that may affect the performance in school: _____

Are you under a medication maintenance program? Yes No If yes, please specify: _____Physical Deformities Vision Hearing Others (please specify): _____

Why I chose to enroll at Golden Gate Colleges

I further affirm that all information supplied herein are complete and accurate. I am aware that any on all of the information furnished in this application may be checked against original documents and that giving or withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies, rules and regulations of the Golden Gate Colleges.

Date

Student's Signature

Date

Parent's Signature

*To be filled out by GGC Staff.***SUBMITTED CREDENTIALS**

- Form 138 (Report Card)/ Transcript of Records (TOR)/ Certificate of Grades
- Certificate of Good Moral Character
- Honorable Dismissal
- Photocopy of Marriage Contract (if married)
- Photocopy of NSO Authenticated Birth Certificate
- Pictures
- NCAE Results

Interviewed by: _____

Signature over Printed Name/Date

Admission Status:

 Accepted On Probation

Designation: _____

Received by: _____