



LA SALLE UNIVERSITY

La Salle St., Aguada, Ozamiz City
 Trunkline: (088) 521-0342, loc 171
 Telefax: (088) 564-0181
 admissions@lsu.edu.ph | www.lsu.edu.ph

Attach a 2x2 picture with
white background

APPLICATION FOR ADMISSION FOR SCHOOL: 20____ - 20____

- The information on this form will be processed electronically for educational purposes. This information will be confidential. The processing and storage of this information will comply with the Data Privacy Act of 2012.
- Please print all information. Submit this form to the Office of the University Registrar.

Application Number: _____
 Date of Application: _____

Level Applied For:

Tertiary School: _____
 First Choice: BA/BS _____
 Second Choice: BA/BS _____
 Third Choice: _____

LRN: _____

PERSONAL BACKGROUND

FULLNAME: *(Last name, First name, Middle name)*

Date of Birth: *(mm/dd/yyyy)*

Sex: (M/F)

Civil Status:

Nationality:

Mobile Number:

E-mail address:

Place of Birth:

Permanent Mailing Address: *(Street, Subdivision/Brgy., Town/City, Province, Zip Code)*

EMERGENCY CONTACT PERSON

Full Name: *(Last name, First name, Middle name)*

Relation:

Contact Number:

Address: *(Street, Subdivision/Brgy., Town/City, Province, Zip Code)*

FAMILY BACKGROUND

Father *(Write D for deceased)*

Mother *(Write D for deceased)*

Name

Address

Occupation

Contact No

EDUCATIONAL BACKGROUND

Level

Name of School

Address

Year Graduated

College

Senior High

Junior High

Where did you first find out about La Salle University? (Please check (✓) as many as possible)

Career Orientation

Posters

Internet

Referred by: (Name of LSU employee) _____

Friends

Advertisements

Others, please specify: _____

Mode of Learning:

Online Full

Online Limited

Offline USB

Full Offline

I certify that the information given herein is correct and complete. Falsification or withholding of information requested in this form automatically nullify my application and/or subject me for dismissal, even if already admitted. Credentials and information filed in support of this application become the property of La Salle University – Ozamiz City. Documents submitted are not returnable to the application.

Full Name and Signature of Application

Date Signed

Full Name and Signature of Parents /Guardians

Date Signed

Consent Form

Under 18 years old:

I, _____ acting as the legal guardian of _____ who is currently applying for entrance/admission/enrollment into La Salle University – Ozamiz City, I am giving consent for LSU to collect and process our personal data in relation to the purpose of entrance/admission/enrollment to the university.

18 years old or above:

I, _____ of legal age and is currently applying for entrance/admission/enrollment into La Salle University – Ozamiz City, I am giving consent for LSU to collect and process my personal data in relation to the purpose of entrance/admission/enrollment to the university.

Specifically, consent is being given for the activities and purposes indicated in the following link:
<http://www.lsu.edu.ph/consent-form.pdf>.

Under 18 years old:

Parent/Guardian's Signature Over Printed Name

Date signed

18 years old and above:

Signature Over Printed Name

Date signed

**NOTE: ENROLLMENT DEPOSIT IS NON-REFUNDABLE
UPON WITHDRAWAL/CANCELLATION OF ENROLMENT**