

Please write in CAPITAL LETTERS in this form.

# APPLICATION FORM

(for Tertiary, Graduate School, Doctor of Medicine)

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Gender: \_\_\_M\_\_\_F  
 Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Age: \_\_\_\_\_  
 City Address: \_\_\_\_\_  
 Provincial Address: \_\_\_\_\_  
 Landline No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Email Address: \_\_\_\_\_



CERTIFIED TO ISO 9001  
QUALITY MANAGEMENT SYSTEM  
CERTIFICATE NO: QS 4936

## EMILIO AGUINALDO COLLEGE

1113-1117 San Marcelino St.,  
Paco, Manila

(02) 8521-2710 local 5435  
admission@eac.edu.ph  
[www.eac.edu.ph](http://www.eac.edu.ph)

*“The World Starts Here”*



2x2 ID Photo

## EDUCATIONAL BACKGROUND

Primary School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Junior High School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Senior High School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Tertiary School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Course: \_\_\_\_\_

Preferred Program: \_\_\_\_\_

( ) Freshman ( ) Transferee ( ) Second Courser ( ) Graduate Student ( ) Cross-Enrollee ( ) Supplemental

## PARENTS AND GUARDIAN'S INFORMATION

Father's Name: _____	Mother's Name: _____
Profession: _____ Age: _____ Citizenship: _____	Profession: _____ Age: _____ Citizenship: _____
Contact No.: _____ Email Add: _____	Contact No.: _____ Email Add: _____
Home Address: _____	Home Address: _____
Educational Attainment: _____	Educational Attainment: _____
Company Name: _____	Company Name: _____
Business Address: _____	Business Address: _____

## GUARDIAN'S INFORMATION (Fill this out if you are living with your guardian and not with your parents)

Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email Add: \_\_\_\_\_  
 Profession: \_\_\_\_\_ Company Address: \_\_\_\_\_

## SIBLING/S INFORMATION

NAME	AGE	HIGHEST EDUCATIONAL ATTAINMENT	SCHOOL	YEAR GRADUATED

## HONORS/AWARDS AND RECOGNITION

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_

## CERTIFICATION

I hereby certify that the aforementioned information are true and correct. Any misinformation given shall serve as a ground for the nullification of my application for admission at Emilio Aguinaldo College.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Online Registration: <http://aims1.eac.edu.ph/eacmnl/applicants>



# EMILIO AGUINALDO COLLEGE

1113-1117 San Marcelino St., Paco, Manila 1007

Tel. Nos. (02) 8521-2710 www.eac.edu.ph



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## DATA PRIVACY CONSENT (For Tertiary, Graduate School, Doctor of Medicine Students)

I, the undersigned, hereby agree and consent to the Data Privacy Policy of Emilio Aguinaldo College (EAC) in compliance with Republic Act No. 10173 or the Data Privacy Act of 2012 and give my consent without need of notice, to EAC's collection, recording, use, storage, consultation, updating, blocking, erasure, destruction and processing of my personal data where a legitimate educational or institutional interest exist in its purpose (e.g., participation in research and surveys, maintaining directories and alumni records, sharing of grades between and among faculty members for academic deliberations, evaluating students' homework, quizzes, examinations, presentations, investigating incidents, communicating school announcements, participation in competitions and programs, etc.), set out in its official forms provided in the implementation of its programs/ school services, compliance with the regulatory and legal requirements and/or to any applicable laws and to EAC's disclosure of any such information to any or all the following: (i) it's directors, officers, employees, consultants, advisers, agents and authorized representatives, (ii) it's parent, subsidiaries and affiliate companies, (iii) such other person or entities EAC have engaged to pursue its legitimate interests as an educational institution (e.g., sharing of personal data in research and survey studies, live-streaming of EAC events, advertising to promote EAC, posting/publishing communications, photos & videos in EAC's website and publication, social media, mass media, bulletin boards, tarpaulins, brochures, newspaper, SMS text messaging, public places etc.), and (iv) as permitted or required by law.

I hereby agree to hold EAC, its affiliates, directors, officers, employees, consultants, advisers, agents and authorized representatives, free and harmless from any actions, damages and suits of whatever kind and nature as a result of my confirmation, declaration and consent hereof.

In the event that an issue will arise in connection with the use, disclosure or processing of my personal data, I hereby agree that said issue shall be settled amicably with EAC before resorting to the appropriate or proper body, tribunal or court.

Further, I hereby agree to the collection, use processing, share and disclosure of my personal data: academic/medical/ health/ financial records, outreach activities, membership in organization, scholastic performance/grades/ examination results, pictures/audio and visual recording to the ff:

- Please check:  Parent/Guardian on record  
 Authorized Representative  
 Others (Pls. specify) \_\_\_\_\_

**Conforme:**

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

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