



EMILIO AGUINALDO COLLEGE

1113-1117 San Marcelino St., Paco, Manila 1007, Philippines
Tel. Nos. (02) 8521-2710 www.eac.edu.ph



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

SCHOOL OF MEDICINE

WAIVER FOR NON-COMPLIANCE OF ADMISSION REQUIREMENTS INCOMING FRESHMEN (Original and Certified True Copy)

I, _____
Last Name First Name M.I. Nationality
of legal age and residing at _____
(City/Address) hereby state that:

- I am an incoming _____
(Year Level).
- I have graduated / transferred from _____
(Last School attended).
- I have NOT submitted the original documents/hard copies of the following requirements:

Please put a check mark beside the document/s you have not submitted.

<input type="checkbox"/>	Diploma	<input type="checkbox"/>	NMAT Certificate
<input type="checkbox"/>	Certificate of Graduation	<input type="checkbox"/>	PSA Birth Certificate
<input type="checkbox"/>	Certificate of General Weighted Average (GWA)	<input type="checkbox"/>	NBI Clearance
<input type="checkbox"/>	Certificates of Good Moral Character or Recommendation from Undergraduate Teachers (2)	<input type="checkbox"/>	Four (4) pcs. 2x2 ID Photo with name tag on white background
<input type="checkbox"/>	Transcript of Records	<input type="checkbox"/>	Marriage Certificate (for married female applicant)
<input type="checkbox"/>	Long brown envelope with plastic envelope	<input type="checkbox"/>	Long white folder with fastener

- I am aware that I have been accepted subject to the condition that I will be able to submit the aforementioned documents on or before _____.
- And that if I fail to comply with the submission of said requirement/s, I shall give Emilio Aguinaldo College Manila the right to withhold all credentials / issuance of Special Order / Transcript of Records and Diploma).
- Furthermore, I am fully aware that the aforementioned documents are requirements for acceptance to Emilio Aguinaldo College Manila. In view of this, I waive any right of action against the Emilio Aguinaldo College Manila and /or any of its duly constituted officers / employees in the event that I will not be allowed to graduate because of my failure to submit the documents within the given period.

I have read and fully understood the contents of this undertaking, as proof, I shall affix a check mark beside my name this _____ day of _____ year in the City of Manila.

[] _____ [] _____
Name of Student Name of Parent or Guardian