



COLLEGE ADMISSION APPLICATION FORM

Latest 2"x 2" ID picture in white background with name tag

Application Date: _____

Batch No. (For DMMSU use only): _____

Control No. (For DMMSU use only): _____

Are you a first-time DMMSU applicant?

Yes No

Are you already vaccinated?

Yes No

Name (Pls. Print): _____
Last Name First Name Middle Name

LRN: _____ Birthdate: _____ Age: _____ Citizenship: Filipino Foreigner (Specify) _____

Home Address: _____
(Barangay) (Municipality/City) (Province) (Zip code)

E-mail Address: _____ Active Mobile No. _____ Sex: _____

Please Check: _____

Incoming Freshman

School from which you graduated: _____

Address: _____

Track: _____ Strand: _____

School Year Graduated: _____

Type of School: Private Public

Transferee

School last attended: _____

Address: _____ Sem/SY: _____

Type of School: Private Public

Campus Preference: NLUC MLUC SLUC OUS

Course Preference: First Priority: _____ Second Priority: _____

I hereby declare that all information in this application is true and correct. I understand that any false information may be a ground for disqualification for Admission in the University.

Processed by: _____

Name and Signature of Applicant

Name and Signature of SAS Personnel

Date

COLLEGE ADMISSION TEST REQUIREMENTS:

1. Two (2) pieces 2"x2" identical latest I.D. picture with name tag in white background
2. A. FOR LIFE-LONG LEARNERS: Photocopy of Form 138/ Report Card
- B. FOR SENIOR HIGH SCHOOL STUDENTS / GRADUATES: photocopy of FORM 138 /Grade 12 Report Card bearing the First Semester grades. Photocopy of the card should be signed or authenticated by the School Head/Principal.)
- C. FOR TRANSFEREES: Photocopy of Official Transcript of Records or Certified True Copy of Grades.
- D. FOR 2ND COURSERS: Photocopy of Official Transcript of Records

DMMSU-SAR-F051



DON MARIANO MARCOS MEMORIAL STATE UNIVERSITY
La Union, Philippines

COLLEGE ADMISSION TEST EXAMINATION PERMIT/CLAIM SLIP

Latest 2"x 2" ID picture in white background with name tag

Application Date: _____

Batch No.: _____

Control No.: _____

Name (Pls. Print) _____
Last Name First Name Middle Name

Date of Examination: _____ Testing Center: _____

Time of Examination: _____ Building: _____ Room: _____

Supervising Examiner

Thank you for submitting your application to DMMSU! **Kindly bring this examination permit and blue ballpen on the scheduled date and time of examination.** The results of the examination will be released on **March 5, 2025** at the Guidance and Counseling Office. Present this claim slip. Interview and registration will be scheduled for qualified applicants.