



# St. Scholastica's College, Manila

## APPLICATION FORM FOR GRADUATE PROGRAM

2560 LEON GUINTO STREET, MALATE, MANILA

TELEPHONE: (632) 5677686 LOCAL 168/169 – FAX: (632) 5596348

EMAIL: [sscadmit@ssc.edu.ph](mailto:sscadmit@ssc.edu.ph) – WEBSITE: <http://www.ssc.edu.ph>

### PLEASE CHECK YOUR CHOICE OF PROGRAM:

- Master of Arts in Humanities major in Women's Studies
- Master of Arts in Pre-School Management
- Master in Special Education
- Master of Arts in Psychology
- Master of Science in Management Psychology
- Master of Arts in Counseling
- Master of Science in Accountancy
- Master of Business in Business Management
- Master of Music in Music Education
- Master of Music in Piano Pedagogy
- Master of Music in string Pedagogy

### COGNATE PROGRAMS:

- Cognate in Education
- Cognate in Women Studies

PASTE RECENT 2X2 PHOTO

### NOTE TO APPLICANTS:

Please submit this form together with the following requirements:

- Transfer Credential Form/ Honorable Dismissal from last school attended
- Original Transcript of Records from last school attended
- Accomplished Recommendation Forms from Deans/Professors and Employer

Specify the SEMESTER & SCHOOL YEAR in which you wish to begin your studies: [ ] 1<sup>st</sup> [ ] 2<sup>nd</sup> semester, SY \_\_\_\_\_

Number of units you wish to take: [ ] 12 Units (Full Time) [ ] 3-9 Units (Part Time)

DATE OF APPLICATION:

RECEIPT NUMBER:

APPLICATION NUMBER:

STUDENT NUMBER:

### PERSONAL INFORMATION

NAME: (On Birth Certificate) Last Name First Name Full Middle Name

Civil Status: [ ] SINGLE [ ] MARRIED [ ] OTHERS: \_\_\_\_\_ (If married, name of husband/wife): \_\_\_\_\_

Address (HOME COUNTRY):

Address (PHILIPPINES):

Email Address:

Mobile Number:

Telephone Number:

Present Occupation/Position:

Office Address:

Date of Birth: \_\_\_\_\_  
Month Day Year

Place of Birth:

Sex: [ ] FEMALE [ ] MALE

Religion:

Citizenship:

[ ] FILIPINO

[ ] DUAL CITIZEN, (specify, FILIPINO - \_\_\_\_\_)

[ ] FOREIGN, specify: \_\_\_\_\_

**Attach the following if with dual citizenship:** Clear photocopy of Philippine Passport and Certificate of Recognition as a Filipino/Certificate of Re-acquisition of Citizenship/ Naturalization Certificate.

**For Foreign Applicants, submit clear photocopy of the following** (bring original for verification purposes): (a) passport (bio-page and stamps of latest departure and arrival in the Philippines), (b) Special Study Permit (SSP) or Student Visa or other latest Visa, (c) Alien Certificate of Registration or ACR I-Card, (d) transcript of records (authenticated by the Philippine Foreign Service Post from the country of origin), (e) report card (with English translation) and (f) Certificate from Department of Education for an applicant to qualify for applied level.

### ACADEMIC INFORMATION

PRESENT/ LAST SCHOOL'S OFFICIAL NAME:

SCHOOL ADDRESS (kindly check and specify): [ ] MANILA [ ] PROVINCE

Telephone number: \_\_\_\_\_

SCHOLASTIC RECORD:				
SCHOOL/UNIVERSITY		COURSE/MAJOR	INCLUSIVE YEARS	
Master's Degree				
College Degree				
High School				
Grade School				
ACADEMIC HONORS, AWARDS AND SCHOLARSHIP:				
AWARD		INSTITUTION CONFERRING AWARD	DATE CONFERRED	
PROFESSIONAL, LICENSURE AND CIVIL SERVICE EXAMINATION TAKEN:				
TITLE OF EXAMINATION		DATE TAKEN	RATING	
MEMBERSHIP IN HONOR, PROFESSIONAL AND COMMUNITY ORGANIZATION:				
ORGANIZATION		POSITION HELD	INCLUSIVE DATE	
EMPLOYMENT HISTORY (IN THE ORDER OF MOST RECENT EMPLOYER/S):				
NAME/ADDRESS OF EMPLOYER	DATE EMPLOYED		POSITION HELD	TELEPHONE NO.
	from	to		
SUBJECT(S) CURRENTLY HANDLED (FOR TEACHERS ONLY):			NUMBER OF YEARS WORKING/TEACHING:	
FAMILY DATA				
FATHER:			MOTHER:	
FULL NAME				
ADDRESS				
TEL.NO./MOBILE/EMAIL				
OCCUPATION				
BUSINESS ADDRESS/ TEL. NO.				
STATEMENT OF PURPOSE: (a brief statement of reason/s why you want to enroll in the program you are applying for, areas of interest, future goals etc.)				
REFERENCE: (LIST THREE – EXCLUDE RELATIVES):				
NAME		POSITION	TELEPHONE NUMBER	
DECLARATION				
I declare that, to the best of my knowledge, all information provided in this application form are complete and accurate. I understand that any information I provided may be checked/ verified by St. Scholastica's College (SSC) against original documents from institutions attended by me and/or with the respective school/company officials indicated in this form. I also understand that SSC reserves the right to disqualify me from admissions to the graduate program I applied for in the basis of incorrect, incomplete and /or false information I supplied.				
_____ NAME and SIGNATURE OF APPLICANT			_____ DATE	