



**COLLEGE OF MEDICINE**  
University of the Philippines Manila

## **APPLICATION FOR ADMISSION**

Academic Year \_\_\_\_\_

☐ Learning Unit I      ☐ Learning Unit III

Name \_\_\_\_\_

School last attended: \_\_\_\_\_

Course: \_\_\_\_\_

Region: \_\_\_\_\_

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( Do not fill below this line)

Application No. \_\_\_\_\_

**GWAG** : \_\_\_\_\_

Issued : \_\_\_\_\_

**INTERVIEW** : \_\_\_\_\_

Amount Paid : \_\_\_\_\_

**NMAT** : \_\_\_\_\_

OR No. \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

(Family) (First) (Middle)

Citizenship: ☐ Filipino Place of Birth: \_\_\_\_\_

☐ \_\_\_\_\_ (*others, please specify*)

☐ Natural-born

☐ Naturalized (attach supporting papers)

Telephone (Mobile/Landline): \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents: (Indicate if deceased)

Address: \_\_\_\_\_ Tel.(Mobile/Landline): \_\_\_\_\_

Address: \_\_\_\_\_ Tel.(Mobile/Landline): \_\_\_\_\_

Address: \_\_\_\_\_ Tel.(Mobile/Landline): \_\_\_\_\_

[illegible]

Is this the first time you are applying for admission to a medical school? \_\_\_\_\_

If not, where, when, (year/s) did you apply, and what happened to your application (s)?

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Are you concurrently applying for admission to medical school other than the U.P. College of Medicine?

If so, at what medical school (s)?

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**For applicants to the Regionalization Program (RP) and Indigenous People (IP) Categories:**

**The applicant who applies to the RP and IP categories is REQUIRED to sign a contract with his/her parent(s) as co-signatories. (RP Brochure and Acceptance to Serve & Assumption of Liability (ASAL) Agreement furnished)**

**Are you applying to the RP Category:** ☐ Yes ☐ No

**Are you applying to the IP Category:** ☐ Yes ☐ No

**ALL OTHER APPLICANTS for admission to the UP College of Medicine are REQUIRED to sign a RETURN SERVICE AGREEMENT (RSA) with his/her parent(s)/guardians as co-signatories.**

*(Handbook on Return Service furnished)*

Please list 3 references who can easily be contacted by the Admissions Committee. References should include two from the last school you attended and one from the community.

Name

Address and Telephone Number

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Attach a recent  
2" X 2"  
photograph here.

Please sign photograph  
In front.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CHECKLIST FOR REQUIRED DOCUMENTATION AND INFORMATION NEEDED TO APPLY TO  
LEARNING UNIT III,UP COLLEGE OF MEDICINE FOR ACADEMIC YEAR**

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**I. A complete application which includes:**

1. \_\_\_\_\_ Properly accomplished **Application Form**
2. \_\_\_\_\_ Original copy of **Transcript of Records** for at least 3 1/2 years of Baccalaureate program.
3. \_\_\_\_\_ Four copies (2X2) **pictures**
4. \_\_\_\_\_ **PSA/NSO Birth Certificate** (*a certified true copy /photocopy is acceptable provided the original is shown for verification*).
5. \_\_\_\_\_ For naturalized Filipino Citizens, original **Certificate of Naturalization** and one (1) photocopy of the same issued by the Commission on Immigration and Deportation.
6. \_\_\_\_\_ Latest **Income Tax Return** of parent (s).
7. \_\_\_\_\_ **DOST Clearance** (for DOST scholars).
8. \_\_\_\_\_ **FOR ALL REGIONALIZATION PROGRAM (RP) & INDIGENOUS PEOPLE (IP) APPLICANTS: ACCEPTANCE TO SERVE AND ASSUMPTION OF LIABILITY (ASAL) AGREEMENT & REPLY SLIP** (*Refer to Primer on the Regionalization Program*)
9. \_\_\_\_\_ **FOR ALL OTHER APPLICANTS: RETURN SERVICE AGREEMENT (RSA) & REPLY SLIP** (*Pls. see Handbook on Return Service Obligation Policy*)

- *Any lacking item (s) enumerated above will invalidate application.*

**II. Member of a Cultural Minority/Indigenous People group?**

- \_\_\_\_\_ Yes ( If yes, submit a Certification of Membership obtained from)
- Office of Northern Cultural Minorities/Indigenous People
  - Office of Southern Cultural Minorities/Indigenous People
  - Office of Muslim Affairs
- \_\_\_\_\_ No

**III. Child of U.P. Personnel?**

- \_\_\_\_\_ Yes (If yes, submit Certification of Employment obtained from U.P. HRDO).
- \_\_\_\_\_ UPCM Faculty
- \_\_\_\_\_ No

**IV. Child of U.P. College of Medicine alumnus / alumna?**

- \_\_\_\_\_ Yes (If yes, name of Alumni \_\_\_\_\_ Class \_\_\_\_\_)
- \_\_\_\_\_ No

**V. Permanent home address:** \_\_\_\_\_

Region I	Region II	Region III	Region IV	Region V	Region VI
Region VII	Region VIII	Region IX	Region X	Region XI	Region XII
CAR	CARAGA	ARMM	NCR		

**VI. Ever enrolled in a medical school?**

- \_\_\_\_\_ Yes ( If yes, need not apply)
- \_\_\_\_\_ No

**VII. NMAT taken?**

- \_\_\_\_\_ Yes ( If yes, submit a photocopy of the result)
- \_\_\_\_\_ No ( If no, take the NMAT given in \_\_\_\_\_ or earlier)

