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Republic of the Philippines  
**CENTRAL LUZON STATE UNIVERSITY**  
Science City of Muñoz, Nueva Ecija

CLSU DISTANCE, OPEN, AND TRANSNATIONAL UNIVERSITY

**APPLICATION FOR ADMISSION**

*Instruction to Applicant:* This form should be accomplished in duplicate with all entries typewritten or printed in English. Please fill-up all items. An applicant for PhD/doctoral degree must be a master's degree graduate while an applicant for a master's degree should be bachelor's degree holder. Applicants for a bachelor's degree must submit high school diploma/certificate or its equivalent. An application entitles one for consideration to the specified program only.

|   |  |   |  |
|---|--|---|--|
| 1. Name   |  |   |  |
| .....<br>(Surname/Last Name)  |  | .....<br>(First/Given Name)   |  |
| .....<br>(Middle Name)  |  |   |  |
| 2. Present Address:   |  |   |  |
| .....<br>Street/District  |  | .....<br>Municipality/City  |  |
| .....<br>Province   |  | .....<br>Country  |  |
| 3. Citizenship:   |  | 4. Religion:  |  |
| 5. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | 7. Date of Birth: M M D D Y Y   |  |
| 6. Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated  |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 8. Place of Birth:  |  |   |  |
| .....<br>Street/District  |  | .....<br>Municipality/City  |  |
| .....<br>Province   |  | .....<br>Country  |  |
| 9. Present Occupation/Job   |  | 10. Name of Employer  |  |
| 11. Address of Employer   |  |   |  |
| 12. Name & Address of parent/guardian (if not married)  |  |   |  |
| 13. If, married, state name & address of spouse:  |  |   |  |
| 14. School/College/University attended beyond elementary school. (No action on application for admission will be taken without the original copy of the applicant's official transcript of records from the institution the degree has been obtained.)          |  |   |  |
| School/College/University   |  | Date of attendance  |  |
| Degree/Course obtained  |  | Major   |  |
| .....   |  | .....   |  |
| .....   |  | .....   |  |
| .....   |  | .....   |  |
| 15. Academic program/degree sought (Please check):  |  |   |  |
| <input type="checkbox"/> <b>Doctoral</b> <input type="checkbox"/> <b>Master in Environmental Management</b> <input type="checkbox"/> <b>Master in Local Government Management</b>   |  |   |  |
| <input type="checkbox"/> <b>Master's Programs</b> <input type="checkbox"/> <b>Master of Business Administration</b> <input type="checkbox"/> <b>Other Certificate Programs</b>  |  |   |  |
| <input type="checkbox"/> <b>MS Education</b> <input type="checkbox"/> <b>Master in Agri-Business Management</b> <input type="checkbox"/> <b>Certificate in Teaching</b>   |  |   |  |
| <input type="checkbox"/> <b>Master of Professional Studies in Education</b> <input type="checkbox"/> <b>Master of Science in Rural Development</b> <input type="checkbox"/> <b>(Intended for those who wish to take the Licensure Examination for Teachers)</b> |  |   |  |
| <input type="checkbox"/> <b>Master of Science in Renewable Energy Systems</b> <input type="checkbox"/> <b>Basic Environmental Impact Assessment</b>   |  |   |  |
| <input type="checkbox"/> <b>Others: _____</b>   |  |   |  |

16. Please rate your language proficiency by enriching the appropriate rating (Excellent, Good, Fair or Poor).

| <i>Language</i>                     | <i>Reading Skill</i>  | <i>Writing Skill</i>  | <i>Speaking Skill</i>   |
|-------------------------------------|---|---|---|
| a. English                          | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P |
| b. Filipino                         | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P |
| c. Others (Please specify)<br>..... | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P | <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P |

Legend: E – Excellent      G – Good      F – Fair      P – Poor

17. Have you previously applied for admission to CLSU? ☐ YES ☐ NO 17.a. If YES, when? .....

18. Employment History (*Last 3 years*):

| <i>Position</i> | <i>Institution</i> | <i>Inclusive Dates</i> |
|-----------------|--------------------|------------------------|
| .....           | .....              | .....                  |
| .....           | .....              | .....                  |

19. Published materials (not more than two), giving the title, name of journal, year and pages of published article.

.....  
.....  
.....

20. Academic honors, awards or scholarships received:

| <i>Kind/Nature</i> | <i>Awarding Institution/Agency</i> | <i>Date</i> |
|--------------------|------------------------------------|-------------|
| .....              | .....                              | .....       |
| .....              | .....                              | .....       |

21. Names and addresses of two persons, preferably professors, supervisors, or professionals under whom you have worked or studied. A letter of recommendation from each person should be submitted separately. Letters of recommendation are required only of applicants for graduate programs, e.g. Ph.D., MBA, MS/MA, etc.

| <i>Name</i> | <i>Title/Position</i> | <i>Address</i> |
|-------------|-----------------------|----------------|
| .....       | .....                 | .....          |
| .....       | .....                 | .....          |

22. Expected source and amount of financial support for your travel and study in CLSU:

23. When do you wish to begin your studies in this university? Please check:

☐ 1<sup>st</sup> semester (August) ☐ 2<sup>nd</sup> semester (January) ☐ Summer (June) School Year: 20\_\_\_\_ 20\_\_\_\_

24. E-mail Address (es) \_\_\_\_\_ 27. Mobile Phone No.: \_\_\_\_\_

25. Person(s) to be notified in case of emergency:

| <i>Name</i> | <i>Address</i> | <i>Contact Number</i> |
|-------------|----------------|-----------------------|
| .....       | .....          | .....                 |
| .....       | .....          | .....                 |

This is to certify that the information I submitted in this application form are accurate:

.....  
(Signature of applicant/Date)

**IMPORTANT:** Failure to fill-up all items may delay decision on application. Please return accomplished form to the CLSU Distance, Open, and Transnational University Science City of Muñoz, Nueva Ecija, Philippines. <http://www.dotclsu.edu.ph>. Proof of payment of application fee is needed for the processing of application.