



**MANILA CENTRAL UNIVERSITY
COLLEGE OF MEDICINE**

Tel. No: 367-1071 loc 178
 Email: Admissions@mcu.edu.ph, mcu.admission@yahoo.com
 Application No. _____

APPLICATION FOR ADMISSION

AY 2018-2019

Local Foreign

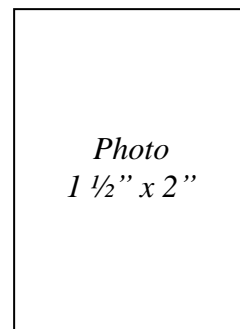
Surname: _____

First Name: _____

Middle Name: _____

Present Residential Address:

Permanent Residential Address:



Date of Birth: _____
 Mo / Day / Yr

Place of Birth: _____

Tel no. _____ Cell No. _____ Email Add _____

Sex: () Male () Female Age: _____ Nationality: _____ Religion: _____

Civil Status: () Single () Married Other: _____ Height: _____ cm Weight: _____ kg.

If married, give the name of spouse, occupation and contact number.

Father's Name: _____ Occupation: _____

Address: _____ Contact No. _____

Mother's Maiden Name _____ Occupation: _____

Address: _____ Contact No. _____

Guardian: (If other than father or mother)

Name

Relationship

Occupation

Address

Contact No.

Post Graduate Studies

Date of Attendance

Degree Obtained

_____ to _____

College Attended

Date of Attendance

Degree Obtained

_____ to _____

List of your Academic Distinctions

1. _____
 2. _____
 3. _____

List of Extra Curricular Activities:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Date NMAT Taken

Percentile Rank

Have you applied for admission to the MCU College of Medicine before?

NO YES If YES when?

Have you been admitted into any medical school before? NO YES

If YES when? What School?

If your family does not live in Metro Manila, where do you expect to live if admitted to this medical school?

How do you intend to finance your medical studies?

Will it be necessary for you to seek financial help other than from sources stated above to be able to complete your medical education?

Character References: (At least two persons not related to you and at least one should be a former teacher in your Premed Course)

| Name: | Position | Address: | Contact No. |
|-------|----------|----------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

MCU College of Medicine Checklist of Requirements:

Local Applicants:

1. Application Form
2. Original copy of Transcript of Records
3. Original National Medical Admission Test (NMAT) score
4. Original copy of NSO Birth Certificate
5. 4 pieces of recent passport size pictures
6. Certificate of Good Moral Character
 - a. Academic Dean
 - b. Office of Students Affairs
7. Photocopy of parent's diploma if they are MCU-FDTMF Alumni
8. One long brown envelope
9. Affidavit of Non-Enrollment to Other Medical School After Graduation

Resident Aliens

1. All of the requirements for Filipino Students no. 1 to 8
2. Photocopy of the Alien Certificate of Registration (ACR)
3. Notarized Affidavit of Support
4. Processing fee of US \$ 300

Non-Resident Aliens

1. All of the requirements for Filipino Students no. 1 to 8
2. Certificate of Citizenship
3. Complete transcript of records of a completed 4 year Bachelor of Arts (AB) or Bachelor of Sciences (BS) course
4. Notarized affidavit of support with a bank statement that must be authenticated by the Philippine Consulate Office or Embassy
5. Police clearance from the place of residence
6. Three (3) recommendation letter from your former professor
7. Processing fee of US \$ 300

I certify that the information furnished therein by me in this Application Form is complete and correct to the best of my knowledge and recollection.

Note: This application procedure will not be considered complete without the supporting papers and other forms required in the Admission Procedures. In case of change of mailing address, please notify the office as soon as possible.

Signature of Applicant above Printed name

Date