

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	SCHOOL ADDRESS	INCLUSIVE DATES	GEN. AVE.
JUNIOR H.S.:				
SENIOR H.S.:				
TERTIARY S.:				
GRADUATE S.:				

HONORS/AWARDS RECEIVED: _____

HOBBIES/TALENTS: _____

SOCIAL ACTIVITY/AFFILIATION

NAME OF ORGANIZATION	POSITION	INCLUSIVE YEARS

HEALTH RECORD

Any health problem that may affect the performance in school: _____

Are you under a medication maintenance program? Yes No If yes, please specify: _____

Physical Deformities Vision Hearing Others (please specify): _____

Why I chose to enroll at Golden Gate Colleges

I further affirm that all information supplied herein are complete and accurate. I am aware that any on all of the information furnished in this application may be checked against original documents and that giving or withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies, rules and regulations of the Golden Gate Colleges.

Date

Student's Signature

Date

Parent's Signature

To be filled out by GGC Staff.

SUBMITTED CREDENTIALS

- Form 138 (Report Card)/ Transcript of Records (TOR)/ Certificate of Grades
- Certificate of Good Moral Character
- Honorable Dismissal
- Photocopy of Marriage Contract (if married)
- Photocopy of NSO Authenticated Birth Certificate
- Pictures
- NCAE Results

Interviewed by: _____

Signature over Printed Name/Date

Admission Status:

Accepted

On Probation

Designation: _____

Received by: _____