Business Administration

Attached

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Picture here

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| **STUDENT’S DATA QUESTIONNAIRE/APPLICATION FORM** |
| **Application Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Type:** New Transferee Cross-enrollee |
| **Program Preference:**  **BSBA** (Bachelor of Science in Business Administration)  **BSBA-Marketing** (BSBA Major in Marketing)  **BSBA-HR** (BSBA Major in Human Resource Management)  **BSBA-FM** (BSBA Major in Financial Management) |
| **PERSONAL INFORMATION:** Print legibly. Mark appropriate boxes with “X”.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | FIRST NAME:  LAST NAME: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | MIDDLE NAME: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NAME EXTENSION (E.G. Jr., Sr.): |   SEX: Male Female CITIZENSHIP: RELIGION: AGE:  DATE OF BIRTH (mm/dd/yyyy): PLACE OF BIRTH: CIVIL STATUS:  PRESENT ADDRESS: ZIP CODE:  PERMANENT ADDRESS: POSTAL CODE:  TELEPHONE NO.: MOBILE NO.: EMAIL (if any): |
| **FAMILY BACKGROUND** (Use separate sheet if necessary)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | NAME | AGE | CITIZENSHIP | CIVIL STATUS | HIGHEST EDUCATIONAL ATTAINMENT | OCCUPATION | MONTHLY INCOME | | FATHER: |  |  |  |  |  |  | | MOTHER: |  |  |  |  |  |  | | SIBLINGS: |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   PARENTS’ ADDRESS:  *(Fill – out only this portion if applicant is living with Guardian)*  GUARDIAN’S NAME: RELATIONSHIP:  OCCUPATION: CONTACT NO.:  ADDRESS:  PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTACT NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EDUCATIONAL BACKGROUND**  TERTIARY S.:  JUNIOR H.S.:  SENIOR H.S.:   |  |  |  |  | | --- | --- | --- | --- | | NAME OF SCHOOL | SCHOOL ADDRESS | INCLUSIVE DATES | GEN. AVE. | |  |  |  |  | |  |  |  |  | |  |  |  |  | | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission Status:  Signature over Printed Name/Date [ ] Accepted [ ] On Probation  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |