



Republic of the Philippines
BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
City of Naga
Telephone No. (054) 4720416 Loc.128 Fax No. (054) 4720415
Website: www.biscast.edu.ph E-mail Address: admission@biscast.edu.ph

1.5" x 1.5"
colored picture
(your most recent
picture).
white background,
nameplate with
signature

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

GUIDANCE, TESTING AND ADMISSION OFFICE

APPLICATION FORM FOR ADMISSION
(Transferees/ALS Passers/2nd Course)

To The Applicant,

Application No. _____
Testing Fee _____
O.R. Number _____
Recorded by _____

Please read carefully and completely fill in the necessary details.

ONLY PROPERLY AND COMPLETELY FILLED UP FORMS will be accepted
and be scheduled for the Admission Test.

PRINT ALL ENTRIES.

1. **Last Name:** _____ **Suffix:** _____
First Name: _____
Middle Name: _____

2. A. Preferred Program (1st Choice)

- College of Engineering and Architecture: Program; _____
- College of Education Program; _____
- College of Arts and Sciences Program; _____
- College of Trades and Technology Program; _____

B. Preferred Program (2nd Choice)

- College of Engineering and Architecture: Program; _____
- College of Education Program; _____
- College of Arts and Sciences Program; _____
- College of Trades and Technology Program; _____

3. What is your reason for transferring? (for transferees only) _____

4. Why do you want to study in BISCASAT? _____

5. How did you know about BISCAS? _____
-
6. **SEX:** Male Female
7. **CITIZENSHIP:** Filipino Others (Specify) _____
8. **RELIGION:** _____
9. **CIVIL STATUS:** _____ **Spouse Name:** _____
10. **DATE OF BIRTH: (month/day/year)** _____ **PLACE OF BIRTH:** _____
11. **AGE:** _____
12. **PERMANENT HOME ADDRESS:**
- | | |
|-------------------------------|-----------------------------|
| | |
| <i>Number and Street</i> | <i>Subdivision/Barangay</i> |
| | |
| <i>City/Town and Province</i> | <i>Zip Code</i> |
13. **CONTACT NUMBER:** _____
14. **NAME OF PREVIOUS SCHOOL** _____ **COURSE & YEAR:** _____
- ADDRESS** _____ **LAST SY ATTENDED:** _____
15. **HONORS/AWARDS RECEIVED** _____
16. **TALENTS AND SKILLS** _____
16. **CONTACT PERSON (In case of emergency)**
- Name** _____ **Contact Number:** _____
17. **MONTHLY FAMILY INCOME:**
- | | |
|--|--|
| <input type="checkbox"/> below P5,000.00 | <input type="checkbox"/> P20,000.00 – less than P25,000.00 |
| <input type="checkbox"/> P 5,000.00 – less than P10,000.00 | <input type="checkbox"/> P25,000.00 – less than P30,000.00 |
| <input type="checkbox"/> P10,000.00 – less than P15,000.00 | <input type="checkbox"/> P30,000.00 – less than P35,000.00 |
| <input type="checkbox"/> P15,000.00 – less than P20,000.00 | <input type="checkbox"/> P35,000.00 and above |

CERTIFICATION

I HEREBY DECLARE THAT ALL THE INFORMATION HEREIN PROVIDED ARE TRUE AND CORRECT AND THAT I SHALL ABIDE BY THE POLICIES/GUIDELINES GOVERNING ADMISSION TO THE BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY (BISCAS).

I FURTHER CERTIFY THAT IF ANY OF THE INFORMATION INDICATED HEREIN IS FOUND OUT TO BE FALSE AND INCORRECT, MY APPLICATION FOR ADMISSION TO BISCAS WILL BE NULL AND VOID AND THAT BISCAS IS NOT IN ANYWAY RESPONSIBLE FOR THE MISREPRESENTATIONS I HAVE DECLARED.

Signature of Applicant

Signature of Parent/Guardian over Printed Name