



Cebu Institute of Medicine

F. RAMOS ST., CEBU CITY, PHILIPPINES

FAX No. (6332) 253-9127 • 255-5756

TEL No. (6332) 253-3124 • 253-7412

APPLICATION FOR ADMISSION TO THE FIRST YEAR CLASS

(Note: All items must be filled out completely.
Use typewriter or block print in ink.)

FOR OFFICE USE	
Sch. _____	Ave. _____
NMAT _____	Int. _____
TOR _____	LOR. _____
OR# _____	
Date _____	
Fee _____	

NAME OF APPLICANT _____
(FAMILY NAME) (GIVEN) (MIDDLE)

Mailing Address _____
Tel. No. _____

Home Address _____
Tel. No. _____

E-mail Address _____ Cell No. _____ Fax No. _____

Paste here a Recent 2" x 2" Photograph with name

PERSONAL DATA

Age----- Date of birth----- Place of birth----- Ht.(m)----- Citizenship (at birth)-----

Sex----- Civil status----- Religion----- Wt.(kg)----- (n o w)-----

If married: Name of spouse----- Occupation----- No. of children-----

Medical History: Please list any illness (physical/mental) or any physical disability which may be considered serious and which you had within the last 5 years.

Have you been convicted in court of any offense? () YES () NO. If YES, please explain. Use additional sheets if necessary.

ABOUT YOUR FAMILY

Father's name----- Mother's name-----

Occupation----- Occupation-----

Address----- Mobile No.-----

What is/are their source (s) of income?

----- Salaries----- Income from farm----- Others:-----

----- Commissions----- Income from rentals-----

----- Pension----- Income from business-----

How many brothers do you have?----- How many sisters do you have?-----

How many brothers are in high school?----- How many sisters are in high school?-----

How many brothers are in college?----- How many sisters are in college?-----

Please state the courses you brothers have completed or are still taking.

Please state the courses your sisters have completed or are still taking.

EDUCATIONAL BACKGROUND

Level		Schools Attended	Location	Years
PRIMARY	Kinder – Gr. 3			
	Gr. 4 – Gr. 6			
SECONDARY	Gr. 7–10 (Jr. High)			
	Gr. 11– 12 (Sr. High)			

Did you earn academic honors in high school?

() YES

() NO

If YES, was it:

----- Valedictorian

----- First Honors

Others: -----

----- Salutatorian

----- Second Honors

After finishing high school, were you enrolled every semester until you earned your BS/AB Degree? () YES () NO

If NO, please state why: -----

COLLEGIATE

Name and address of the school granting the degree

Degree obtained/ to be obtained -----

Date of graduation -----

Did you earn academic honors in college? () YES

() NO

If YES, please list: -----

For those who did not proceed to Medicine proper immediately after graduation from college, what did you do after graduation?

----- Took another course. (School, Location, Inclusive yrs.)

----- Worked in family business/as an employee (Yrs.) -----

----- Engaged in own business (Yrs.) -----

----- Stayed at Home -----

----- Others -----

Other than academic subjects and routine activities, what other subjects or activities are you interested in, in a more than usual degree?

----- School organizations

----- Music: Vocal

----- Philately

----- Religious activities

----- Music: Instruments

Others: -----

----- Socio-civic action

----- Classical/Folk dance

----- Sports

----- Creative writing

Please list down other skills or work experience that you have which may be useful in the study/ practice of medicine.

Is this your first time to seek admission to the medical course? () YES () NO

If NO, what happened to your application?

----- Accepted and enrolled at -----

(Name of medical school)

----- Accepted but did not enroll at -----

(Name of medical school)

----- Application was not approved

Is this your first time to seek admission to the Cebu Institute of Medicine? () YES () NO

If NO, when was the last time you applied? -----

ABOUT YOUR FUTURE PLANS:

What influenced you greatly in taking up Medicine as a career?

- | | | |
|------------------------------------|------------------------------|---------------|
| ----- Childhood dream | ----- Illness in family | Others: ----- |
| ----- Advice of parents | ----- Prestige of profession | ----- |
| ----- Inspired by family doctors | ----- Awareness of health | ----- |
| ----- Advice of relatives/ friends | ----- needs of community | ----- |

What are the sources of information about this medical school?

- | | | |
|----------------------|-------------------------------------|---------------|
| ----- Own effort | ----- Teachers in college | Others: ----- |
| ----- Parents | ----- Newspaper ad | ----- |
| ----- Brother/Sister | ----- Convocation | ----- |
| ----- Family friends | ----- Friends who are students here | ----- |

How will your medical education be supported?

- | | | |
|--------------------------------|------------------------------|-------------------------|
| ----- Parents | ----- Phil. Veterans benefit | Others: ----- |
| ----- Scholarship -Name: ----- | ----- | ----- |
| ----- Approved | ----- Still being processed | ----- Planning to apply |

If you will study in Cebu City, where will you most likely stay?

- | | |
|--------------------------------|---------------|
| ----- with parents | Others: ----- |
| ----- with relatives | ----- |
| ----- apartment/condo | ----- |
| ----- boarding house/dormitory | ----- |

Please list the medical schools you have applied (or will apply) to for the coming school year, in order of your preference, including THE CEBU INSTITUTE OF MEDICINE:

- | | |
|-------------------------|---------------|
| First Preference ----- | Others: ----- |
| Second Preference ----- | ----- |
| Third Preference ----- | ----- |

Do you have brother(s) or sister(s) enrolled in Cebu Institute of Medicine? () YES () NO

If YES, please write their names & year level

Do you have relatives who are alumni of C.I.M.? () YES () NO

If YES, please write their names & relationship to you

-----	Relationship -----
-----	Relationship -----

I hereby certify on my word of honor that the foregoing entries are true and correct to of my knowledge.

NOTE TO APPLICANT:

All communications pertaining to this application will be sent to you at your mailing address. If you will not be at this address for some time, arrange for someone to transmit the communication to you, or notify us for any change of address as soon as possible.

 Signature of Applicant

Send this application to: The Admissions Committee
 Cebu Institute of Medicine
 F. Ramos Street
 6000 Cebu City, Philippines

.....
 Date

Submit this application together with:

Do not write in this space

- (a.) One copy of the transcript of college records (for evaluation) which should include all courses taken with final grades, except for those of the second semester of the current school year.
- (b.) Letter of reference from two former college teachers who can vouch for your moral character . Please indicate their addresses.
- (c.) Remittance for filing.

() Accepted

() Regrets _____

The members of the Admissions Committee would like to know you better.

Instructions: Please write CONCISELY about the following topics in essay form, and ONLY on the spaces PROVIDED FOR. WRITE LEGIBLY, DO NOT TYPE.

A. Describe your family dynamics.

B. A situation in which you had a considerable responsibility reflect on and what you learned from it.

C. Your strengths and weaknesses (both academic & personal) in relation to your aspiration to become a physician.

Personal:

Academic: