



Cebu Institute of Medicine

79 F. Ramos St., Cebu City, Philippines, 6000

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Email: admissions@cim.edu.ph

APPLICATION FORM FOR ADMISSION

*Instructions: All items must be filled out completely.
Write legibly in BLACK ink or print using block ink.*

For ADMISSIONS Committee Only:

School: _____ NMAT: _____

Course: _____ GWA: _____

TOR: _____ LOR: _____ INT: _____

O.R. No.: _____

Date: _____

Fee: _____

NAME: _____

(Surname)

(Given)

(Middle)

Home Address: _____

Tel. No. _____

Mailing Address: _____

Tel. No. _____

Working E-mail address: _____

Cell No. _____

PASSPORT PICTURE WITH NAME

(Within 3 months from
application)

PERSONAL DATA:

Age: _____ Sex: M _____ F _____ Ht. (m): _____ Wt. (kg): _____ BMI: _____ Citizenship (at birth) _____

Date of Birth: _____ Place of Birth: _____ Religion: _____ Citizenship (now) _____

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

MEDICAL HISTORY: *Please list on the spaces provided any illness (physical/mental) or any physical disability which you have incurred in the last 5 years.*

Allergies: _____ Medications (maintenance): _____

Contact person in case of emergency: _____ Contact number: _____

SOCIAL HISTORY: Do you have any current pending cases in court? YES _____ NO _____

EDUCATIONAL BACKGROUND:

Level	School Attended	Location	Years Attended
Primary			
Junior High			
Senior High			
College			

Any awards earned during high school graduation: YES _____ NO _____, if yes, please specify below:

Academic Awards: _____

Special Awards: _____

After finishing high school, were you enrolled every semester until you earned your baccalaureate degree/s?

YES _____ NO _____ If NO, please state why: _____

Baccalaureate/s Degree Obtained: _____ Date of Graduation: _____

Masters/Post-Graduate Degree Obtained, if any: _____ Date of Graduation: _____

Did you earn academic honors in college? YES _____ NO _____ if YES, please list: _____

For those who had gap years prior to taking up medicine, what did you do during this time? Please specify inclusive years.

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

_____ School organizations	_____ Music: Vocal/Instrument	Others: _____
_____ Religious activities	_____ Theater Arts	_____
_____ Socio-civic action	_____ Dance/Ballet	_____
_____ Sports	_____ Creative writing	_____

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

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? _____

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

If NO, please check below whichever applies to you:

_____ Accepted and enrolled at _____	(Name of medical school)
_____ Accepted but didn't enroll at _____	(Name of medical school)
_____ Application was not approved	

FAMILY BACKGROUND:

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

Contact No.: _____ Contact No.: _____

Check which of the following applies regarding parents marital state:

____ Living together ____ Separated ____ Divorced ____ Others (specify): _____

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

_____ Salaries	_____ Business, please specify: _____
_____ Commissions	_____ Others not mentioned: _____
_____ Pension	

Who will sponsor your medical education?

_____ Self	
_____ Parents	_____ Others: _____
_____ Phil. Veterans benefit	_____
_____ Scholarship: _____	_____
Approved: _____	
Still processing: _____	
Planning to apply: _____	

Siblings' Names	Highest Educational Attainment	Degree/Course

If YES, please state his/her name and year level: _____

If YES, please state his/her name and their relationship to you _____

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

_____ With parents Others: _____
 _____ With relatives _____
 _____ Apartment/condo _____
 _____ Boarding house/dormitory _____

1st preference _____

2nd preference _____

3rd preference _____

Others: _____

Submit this application together with the following: a. ***One (1) copy of the transcript of college records reflecting also High School records*** (for evaluation) which should include all courses taken with final grades, except for those of the 2nd semester of the current school year, b. ***letter of reference*** from ***two (2)*** former college teachers who can vouch for your moral character and 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** in black ink. **DO NOT TYPE**.

A. Describe your family dynamics.

B. Describe a situation in which you had a considerable responsibility. Give your reflection on this and your learnings from this situation.

C. Describe your strengths and weaknesses (both academic and personal in relation to your aspirations to becoming a physician.

PERSONAL:

ACADEMIC: