



**ILOILO DOCTORS' COLLEGE**  
 WEST AVENUE, MOLO ILOILO CITY  
 OFFICE OF ADMISSION: FAX/TEL. NO. (033) 337-00-34

O.R. No.: \_\_\_\_\_  
 AMOUNT PAID: \_\_\_\_\_

**APPLICATION FOR ADMISSION**

PASTE/STAPLE  
 2x2 SIZE COLORED  
 PICTURE

**PRINT OR TYPE** ALL INFORMATION AND ATTACH TWO 2x2 PHOTOGRAPH AS INDICATED ON THE RIGHT. SUBMIT THIS FORM TOGETHER WITH THE OTHER REQUIREMENTS TO THE ILOILO DOCTORS' COLLEGE ADMISSIONS OFFICE FOR YOUR ENTRANCE EXAMINATION SCHEDULE.

**APPLICATION IS MADE AS A:**

- FRESHMAN STUDENT       SHIFTER (STUDENT ENROLLED IN IDC DURING THE PREVIOUS SEMESTER)  
 SECOND COURSER (GRADUATE OF OTHER COURSES)       TRANSFEREE (UNDERGRADUATE FROM OTHER SCHOOLS)

PERSONAL DATA			ENROLLMENT INFORMATION		
LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	ACADEMIC YEAR (AY) FOR WHICH YOU ARE APPLYING: 20__		
ANY OTHER NAME(S) USED ON TRANSCRIPTS AND OTHER DOCUMENTS _____	DATE OF BIRTH _____	PLACE OF BIRTH _____	<input type="checkbox"/> 1ST SEMESTER <input type="checkbox"/> 2ND SEMESTER <input type="checkbox"/> SUMMER		
CITIZENSHIP _____	RELIGION _____	AGE _____	<b>CHECK THE DEGREE PROGRAM YOU WISH TO PURSUE:</b>		
PERMANENT MAILING ADDRESS _____			<input type="checkbox"/> DOCTOR OF DENTAL MEDICINE <input type="checkbox"/> B.S. PHYSICAL THERAPY <input type="checkbox"/> B.S. IN NURSING <input type="checkbox"/> B.S. IN MEDICAL LABORATORY SCIENCE <input type="checkbox"/> B.S. IN BIOLOGICAL SCIENCE <input type="checkbox"/> B.S. IN PSYCHOLOGY <input type="checkbox"/> B.S. IN SOCIAL WORK <input type="checkbox"/> B.S. IN RADIOLOGIC TECHNOLOGY <input type="checkbox"/> B.S. IN CRIMINOLOGY <input type="checkbox"/> B.S.B.A. MAJOR IN HUMAN RESOURCE MANAGEMENT <input type="checkbox"/> B.S.B.A. MAJOR IN FINANCIAL MANAGEMENT <input type="checkbox"/> B.S. IN COMPUTER SCIENCE <input type="checkbox"/> B.S. IN INFORMATION TECHNOLOGY <input type="checkbox"/> B.S. IN INFORMATION SYSTEM <input type="checkbox"/> ASSOCIATE IN RADIOLOGIC TECHNOLOGY <input type="checkbox"/> DIPLOMA IN MIDWIFERY <input type="checkbox"/> CERTIFICATE IN HEALTH CARE SERVICES		
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	TEL. NO. _____	MOBILE NO. _____			
CIVIL STATUS: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W	E-MAIL ADDRESS _____				
NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY _____		RELATION TO APPLICANT _____			
ADDRESS _____		TEL. NO. _____			
<b>IF MARRIED:</b>					
NAME OF SPOUSE _____	CITIZENSHIP _____	NO. OF CHILDREN _____			

  

EDUCATIONAL BACKGROUND		
PREVIOUS SCHOOLING	NAME OF SCHOOL	YEAR ATTENDED
PRIMARY(GRADES 1-4)	_____	_____
INTERMEDIATE (GRADES 5-6)	_____	_____
HIGH SCHOOL	_____	_____
COLLEGIATE	_____	_____

ARE YOU COMING IN AS A SCHOLAR?  YES     NO  
 IF YES, CHECK APPROPRIATE SPONSORING AGENCY:  CHED     TESDA     ILOILO CITY SCHOLARS     OTHERS (PLS. SPECIFY) \_\_\_\_\_

ARE YOU INTERESTED IN APPLYING FOR ANY OF THE IDC SCHOLARSHIP PROGRAMS?  YES     NO  
 IF YES, PLEASE CHECK THE SCHOLARSHIP THAT YOU ARE APPLYING FOR:  
 \_\_\_ ENTRANCE SCHOLARSHIP    \_\_\_ HONOR STUDENT SCHOLARSHIP    \_\_\_ AFP EDUCATIONAL BENEFIT SYSTEM  
 \_\_\_ IDC CHAIRMAN SCHOLARSHIP GRANT    \_\_\_ IDC PRESIDENT SCHOLARSHIP GRANT    \_\_\_ DIRECTOR/STOCKHOLDER SCHOLARSHIP GRANT    \_\_\_ WORKING STUDENT

ATHLETIC SCHOLARSHIP: \_\_\_ VOLLEYBALL    \_\_\_ BASKETBALL (MEN)    \_\_\_ SWIMMING    \_\_\_ TABLE TENNIS    \_\_\_ CHESS    \_\_\_ BADMINTON    \_\_\_ KARATEDO

HAVE YOU EVER APPLIED TO THIS COLLEGE?  YES     NO    IF YES, WHEN? SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

HAVE YOU EVER ATTENDED THIS COLLEGE?  YES     NO    IF YES, WHEN? SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

HONORS/AWARDS/DISTINCTIONS RECEIVED \_\_\_\_\_

IF YOU HAVE NOT PURSUED YOUR EDUCATION FROM DATE OF GRADUATION FROM HIGH SCHOOL TO THE PRESENT, STATE REASONS WHY?  
 \_\_\_\_\_

**PERSONAL DATA SHEET**

Program: \_\_\_\_\_

Student #: \_\_\_\_\_

\_\_\_\_\_  
 LAST NAME                                      FIRST NAME                                      MIDDLE NAME                                      AUXILIARY NAME  
 (SR., JR., I, II, III, ETC.)

CITY ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TEL. No.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ REGION: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ RELIGION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ GENDER:  M  F

IF ALIEN, ACR # (SEE REGISTRAR): \_\_\_\_\_

CIVIL STATUS:  SINGLE                                      ARE YOU CURRENTLY EMPLOYED?  YES  NO  
 MARRIED                                      IF WORKING: OFFICE/BUS. TEL. #: \_\_\_\_\_  
 DIVORCED  
 WIDOWED                                      STATUS OF EMPLOYMENT:  PART-TIME  FULL-TIME  
 SEPARATED                                      EMPLOYER: \_\_\_\_\_

**FATHER'S INFORMATION:**

**MOTHER'S INFORMATION:**

LAST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

OCCUPATION/EMPLOYMENT: \_\_\_\_\_

OCCUPATION/EMPLOYMENT: \_\_\_\_\_

EDUCATIONAL ATTAINMENT: \_\_\_\_\_

EDUCATIONAL ATTAINMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. No.: \_\_\_\_\_

TEL. No.: \_\_\_\_\_

**BROTHERS & SISTERS (PLEASE LIST FROM ELDEST TO YOUNGEST)**

NAME	AGE	CIVIL STATUS	ADDRESS & CONTACT No.

*I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND COMPLETE. FALSIFICATION OR WITHHOLDING OF INFORMATION ON THIS FORM WILL AUTOMATICALLY NULLIFY MY APPLICATION AND/OR SUBJECT ME TO DISMISSAL FROM THE COLLEGE.*

\_\_\_\_\_  
 STUDENT'S SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
 DATE

YOUR APPLICATION IS VALID ONLY FOR THE SEMESTER STATED AT THE FRONT

**DO NOT FILL-UP. FOR OFFICE PERSONNEL ONLY**

**PRE-ADMISSION REQUIREMENTS SUBMITTED:**

HIGH SCHOOL GRADUATE:  
 \_\_\_ HS CARD  
 \_\_\_ CERT. OF GMC  
 \_\_\_ BIRTH CERTIFICATE  
 TRANSFEREES/SECOND COURSERS  
 \_\_\_ TOR  
 \_\_\_ TRANSFER CREDENTIALS  
 \_\_\_ CERT. OF GMC  
 \_\_\_ BIRTH CERTIFICATE  
 \_\_\_ ASSESSMENT OF GRADES BY IDC REGISTRAR  
 \_\_\_ MARRIAGE CERTIFICATE  
 (FOR MARRIED FEMALE APPLICANTS ONLY)  
 H.S. GEN. AVERAGE: \_\_\_\_\_  
 ENTRANCE EXAM SCORE: \_\_\_\_\_

**INTERVIEW EVALUATION:**

**SCORE: (PLEASE CHECK ONE)**

	5	4	3	2	1
A. PERSONALITY/PHYSICAL APPEARANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. COMMAND OF LANGUAGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. MATURITY OF OUTLOOK/ATTITUDE TOWARDS					
1. SERVICE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. AUTHORITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. PUNCTUALITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
 INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

**ENROLLMENT CLEARANCE:**

COURSE: \_\_\_\_\_

\_\_\_\_\_  
 DEAN

APPROVED FOR ENROLLMENT: **FRANCIS D. LAUREA**  
 DIRECTOR FOR ADMISSION



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**STUDENT EXIT INTERVIEW**

Student Name \_\_\_\_\_ Withdrawal Date \_\_\_\_\_  
 Course \_\_\_\_\_ Year Level \_\_\_\_\_

**1. What is the primary reason the students is terminating school enrollment?** (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Failing Grades | <input type="checkbox"/> Family Problem           |
| <input type="checkbox"/> Illness        | <input type="checkbox"/> Student/Teacher Conflict |
| <input type="checkbox"/> Expelled       | <input type="checkbox"/> Truancy/Absenteeism      |
| <input type="checkbox"/> Financial      | <input type="checkbox"/> Did not like the course  |

**2. Nature and quality of course and teaching experience as a student.**

- |                                    |                               |                               |                               |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

**3. Academic resources and facilities:**

- |                                    |                               |                               |                               |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

**4. Student support services:**

- |                            |   |                                    |                               |                               |                               |
|----------------------------|---|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Dean's Office              | : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Office of Student Affairs: |   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Registrar's Office         | : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Guidance Office            | : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Library                    | : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Health Services            | : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Office of Admissions       | : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

**5. What positive experiences do you have at Iloilo Doctors' College?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. What negative experiences do you have at Iloilo Doctors' College?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. What, if any, concerns do you have about the education at Iloilo Doctors' College, and what suggestions do you have for improvement?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature over printed name of Interviewer