



Colegio de San Juan de Letran Calamba

City of Calamba, Laguna, Philippines • www.lettran-calamba.edu.ph • +63(049)-5455453

Graduate School

APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL

Academic Year: _____

(First / Second / Third) Trimester

I. Personal Data

| | | |
|---|----------------|--|
| Last Name | First Name | Middle Name |
| Date of Birth (mm-dd-yy) | Place of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Citizenship | Religion | Status <input type="checkbox"/> Single <input type="checkbox"/> Married |
| Landline Number | Mobile Number | E-mail Address |
| Home Address (Residence No./Street/Barangay/Municipality/City/Province) | | |

II. Educational Attainment

| Level | Institution Attended | Location | Earned Diploma/Degree | Received Year | Honors/Awards Received |
|------------------|----------------------|----------|-----------------------|---------------|------------------------|
| Tertiary | | | | | |
| Graduate Studies | | | | | |
| Special Studies | | | | | |

Government Examination passed (include date), if any:

III. Work Experience

Previous Work Experience

| Position | Employer | Inclusive Date |
|----------|----------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Are you presently employed? Yes No On-Leave

If yes or on-leave.....

| | | |
|--|-----------------------------|--|
| Position | | |
| Name of Employer | Name of Company and Address | |
| Type of organization/company where you are presently employed: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Civic Institution <input type="checkbox"/> Others _____ | | |
| Category of present position: <input type="checkbox"/> Top Management <input type="checkbox"/> Lower Management/Supervisory <input type="checkbox"/> Professional/Technical <input type="checkbox"/> Middle Management <input type="checkbox"/> Self-employment/Proprietor <input type="checkbox"/> Others _____ | | |

IV. Other Information

How did you know of the Letran Calamba Graduate Program?

| | | |
|---|--|--|
| <input type="checkbox"/> Advertisements | <input type="checkbox"/> Brochures | <input type="checkbox"/> Former Professors |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Friends/Relatives | <input type="checkbox"/> Others _____ |

Program you are applying for (please check the box of your choice):

| | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Master in Business Administration | <input type="radio"/> Thesis Track | <input type="radio"/> Capstone Project Track |
| <input type="checkbox"/> Master in Management, major in: | <input type="radio"/> Thesis Track | <input type="radio"/> Capstone Project Track |
| _____ Engineering Management | _____ People Management | |
| _____ Government Management | _____ School Management | |
| _____ Information Technology Mngt. | _____ Productivity & Quality Mngt. | |
| <input type="checkbox"/> Doctor of Philosophy, major in: | | |
| _____ Management | _____ People Management | |
| _____ Information Technology Mngt. | _____ School Management | |

What encouraged you to choose the Letran Calamba Graduate School?

Why did you want to take up graduate studies?

What are your plans after completing your graduate studies?

Please give a candid evaluation of yourself as a person discussing your strengths and weaknesses?

References (minimum of three)

| Name | Position | Company Name & Address |
|------|----------|------------------------|
| | | |
| | | |
| | | |

I affirm that the information herein stated is true and correct, that any misinterpretation thereof justifies an unfavorable consideration of my application and/or enrollment.

_____ Signature

_____ Date

Do Not Write Below This Line

Credentials Submitted:

- _____ Original Copy of Transcript of Records (1)
- _____ Photocopy of NSO/PSA Birth Certificate (1)
- _____ Photocopy of NSO/PSA Marriage Contract for married female (1)

- _____ Letters of Recommendation (2)
- _____ 2x2 ID Pictures (3)
- _____ Certificate of Eligibility to Transfer

Accepted by: _____
Signature over Printed Name

Date: _____

