



Republic of the Philippines

CAGAYAN STATE UNIVERSITY

Office of Student Records Management Services

Campus: _____



STUDENT PROFILE

F-REG-2710

Please complete in BLOCK CAPITALS, write legibly, use ballpen and avoid erasures. For items that have choices, put an X mark on the circle.

PERSONAL DATA

Name: _____
Family Name First Name Middle Name

Date of Birth: _____ Place of Birth: _____ Age: _____ Religion: _____

Sex: Male Female Nationality: _____ Contact No.: _____ Email Address: _____

Civil Status: Single Married *If married, Name of Spouse:* _____
(Last name, First Name Middle Name)

Home Address: _____
No. Street Barangay/Zone Town/City Province

If boarding, Boarding Address: _____
No. Street Barangay/Zone Town/City Province

Name of Landlord/lady or Guardian: _____

Degree/Program applied for: _____

EDUCATION DATA

Elementary: _____ School Address: _____

Secondary: High School Senior High School:

Track last attended: _____ General Weighted Average: _____

Name of Secondary School: _____ School Address: _____

Are you a scholar? Yes No If YES, what scholarship program? _____

Are you a transferee? Yes No

If YES, what school and course? _____

Organizations you are a member of:

Name of Organization

Position

Name of Organization	Position
_____	_____
_____	_____
_____	_____

FAMILY DATA

FATHER: Living Deceased Name: _____ Contact No: _____

MOTHER: Living Deceased Name: _____ Contact No: _____

Total annual family income: _____ Number of Children in the Family: _____

Name of Sibling/s (Eldest to youngest)	Age	Highest Educational Attainment - School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please continue at the back if the space provided is not enough.

I hereby affirm that the information above are true and correct to the best of my knowledge. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies, rules and regulations of **Cagayan State University**.

Signature over PRINTED NAME

Date: _____

For more information, contact
Cagayan State University

Office of the University Registrar at:

844-0098 local 1

registrar@csu.edu.ph

For announcements, visit us online at:

www.csu.edu.ph

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