



2"x2"

**FRONT
 FACING
 PHOTO**
 TAKEN WITHIN THE LAST
 THREE (3) MONTHS

STUDENT PROFILE

PERSONAL DATA

Name: _____

Family Name
First Name
Middle Name

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

Civil Status: Single Married **If Married, Name of Spouse:** _____

Permanent Address: _____

No.
Street
Barangay/Zone
Town/City
Province

Present Address/Boarding Address: _____

No.
Street
Barangay/Zone
Town/City
Province

Name of Landlord/lady or Guardian: _____ **Contact No:** _____

Degree/Program applied for: _____

EDUCATION DATA

Elementary: _____ **School Address:** _____

Secondary : High School Senior High School

Name of Secondary School: _____ **General Weighted Average:** _____

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
_____	_____
_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIVACY NOTICE

1. I declare that I am the document owner/duly-authorized representative of the document owner whose information appears in this application form. I further declare that I am fully aware that the above data shall be used for application for enrollment at Cagayan State University.
2. I give my consent to the processing of the above information subject to the exemptions provided by the Data Privacy Act and other applicable laws and regulations.
3. I trust that the above information shall remain confidential and shall only be retained for as long as necessary for the fulfillment of the declared, specified, and legitimate purpose, or when the processing is relevant to such purpose, strictly in accordance with CSU records retention policy.
4. I further affirm that all the statements/information that appear in this application form are true, correct, and complete to the best of my knowledge and belief.

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
/CsuAndrewsRegistrar

Signature of Student over Printed Name

 Date: _____

Note: The Cagayan State University is committed to protect and respect your personal data privacy. We are at the forefront of not only implementing but also complying with the Data Privacy Act of 2012.