



COLLEGE OF MEDICINE
University of the Philippines Manila

APPLICATION FOR ADMISSION

Academic Year _____

Learning Unit I Learning Unit III

Name _____

School last attended: _____

Course: _____

Region: _____

(Do not fill below this line)

Application No. _____

GWAG : _____

Issued : _____

INTERVIEW : _____

Amount Paid : _____

NMAT : _____

OR No. _____ Date: _____

Date Filed: _____

Is this the first time you are applying for admission to a medical school? _____

If not, where, when, (year/s) did you apply, and what happened to your application (s)?

Are you concurrently applying for admission to medical school other than the U.P. College of Medicine?
If so, at what medical school (s)?

For applicants to the Regionalization Program (RP) and Indigenous People (IP) Categories:

The applicant who applies to the RP and IP categories is REQUIRED to sign a contract with his/her parent(s) as co-signatories. (RP Brochure and Acceptance to Serve & Assumption of Liability (ASAL) Agreement furnished)

Are you applying to the RP Category: Yes No

Are you applying to the IP Category: Yes No

ALL OTHER APPLICANTS for admission to the UP College of Medicine are REQUIRED to sign a RETURN SERVICE AGREEMENT (RSA) with his/her parent(s)/guardians as co-signatories.
(Handbook on Return Service furnished)

Please list 3 references who can easily be contacted by the Admissions Committee. References should include two from the last school you attended and one from the community.

Name

Address and Telephone Number

Attach a recent
2" X 2"
photograph here.

Please sign photograph
In front.

Signature

**CHECKLIST FOR REQUIRED DOCUMENTATION AND INFORMATION NEEDED TO APPLY TO
LEARNING UNIT III, UP COLLEGE OF MEDICINE FOR ACADEMIC YEAR**
_____ :

I. A complete application which includes:

1. _____ Properly accomplished **Application Form**
2. _____ Original copy of **Transcript of Records** for at least 3 1/2 years of Baccalaureate program.
3. _____ Four copies (2X2) **pictures**
4. _____ **NSO Birth Certificate** (*a certified true copy /photocopy is acceptable provided the original is shown for verification*).
5. _____ For naturalized Filipino Citizens, original **Certificate of Naturalization** and one (1) photocopy of the same issued by the Commission on Immigration and Deportation.
6. _____ Latest **Income Tax Return** of parent (s).
7. _____ **DOST Clearance** (for DOST scholars).
8. _____ **FOR ALL REGIONALIZATION PROGRAM (RP) & INDIGENOUS PEOPLE (IP) APPLICANTS: ACCEPTANCE TO SERVE AND ASSUMPTION OF LIABILITY (ASAL) AGREEMENT**
9. _____ **FOR ALL OTHER APPLICANTS: RETURN SERVICE AGREEMENT (RSA)**

Any lacking item (s) enumerated above will invalidate application.

II. Member of a Cultural Minority/Indigenous People group?

- _____ Yes (If yes, submit a Certification of Membership obtained from)
- Office of Northern Cultural Minorities/Indigenous People
 - Office of Southern Cultural Minorities/Indigenous People
 - Office of Muslim Affairs
- _____ No

III. Child of U.P. Personnel?

- _____ Yes (If yes, submit Certification of Employment obtained from U.P. HRDO).
 _____ UPCM Faculty
 _____ No

IV. Child of U.P. College of Medicine alumnus / alumna?

- _____ Yes (If yes, name of Alumni _____ Class _____)
 _____ No

V. Permanent home address: _____

Region I	Region II	Region III	Region IV	Region V	Region VI
Region VII	Region VIII	Region IX	Region X	Region XI	Region XII
CAR	CARAGA	ARMM			

VI. Ever enrolled in a medical school?

- _____ Yes (If yes, need not apply)
 _____ No

VII. NMAT taken?

- _____ Yes (If yes, submit a photocopy of the result)
 _____ No (If no, take the NMAT given in _____ or earlier)



COLLEGE OF MEDICINE
University of the Philippines Manila

APPLICATION FOR ADMISSION

Academic Year _____

Learning Unit I Learning Unit III

Name _____

School last attended: _____

Course: _____

Region: _____

(Do not fill below this line)

Application No. _____

GWAG : _____

Issued : _____

INTERVIEW : _____

Amount Paid : _____

NMAT : _____

OR No. _____ Date: _____

Date Filed: _____

Is this the first time you are applying for admission to a medical school? _____

If not, where, when, (year/s) did you apply, and what happened to your application (s)?

Are you concurrently applying for admission to medical school other than the U.P. College of Medicine?
If so, at what medical school (s)?

For applicants to the Regionalization Program (RP) and Indigenous People (IP) Categories:

The applicant who applies to the RP and IP categories is REQUIRED to sign a contract with his/her parent(s) as co-signatories. (RP Brochure and Acceptance to Serve & Assumption of Liability (ASAL) Agreement furnished)

Are you applying to the RP Category: Yes No

Are you applying to the IP Category: Yes No

ALL OTHER APPLICANTS for admission to the UP College of Medicine are REQUIRED to sign a RETURN SERVICE AGREEMENT (RSA) with his/her parent(s)/guardians as co-signatories.
(Handbook on Return Service furnished)

Please list 3 references who can easily be contacted by the Admissions Committee. References should include two from the last school you attended and one from the community.

Name

Address and Telephone Number

Attach a recent
2" X 2"
photograph here.

Please sign photograph
In front.

Signature

**CHECKLIST FOR REQUIRED DOCUMENTATION AND INFORMATION NEEDED TO APPLY TO
LEARNING UNIT III, UP COLLEGE OF MEDICINE FOR ACADEMIC YEAR**
_____ :

I. A complete application which includes:

1. _____ Properly accomplished **Application Form**
2. _____ Original copy of **Transcript of Records** for at least 3 1/2 years of Baccalaureate program.
3. _____ Four copies (2X2) **pictures**
4. _____ **NSO Birth Certificate** (a certified true copy /photocopy is acceptable provided the original is shown for verification).
5. _____ For naturalized Filipino Citizens, original **Certificate of Naturalization** and one (1) photocopy of the same issued by the Commission on Immigration and Deportation.
6. _____ Latest **Income Tax Return** of parent (s).
7. _____ **DOST Clearance** (for DOST scholars).
8. _____ **FOR ALL REGIONALIZATION PROGRAM (RP) & INDIGENOUS PEOPLE (IP) APPLICANTS: ACCEPTANCE TO SERVE AND ASSUMPTION OF LIABILITY (ASAL) AGREEMENT**
9. _____ **FOR ALL OTHER APPLICANTS: RETURN SERVICE AGREEMENT (RSA)**

Any lacking item (s) enumerated above will invalidate application.

II. Member of a Cultural Minority/Indigenous People group?

- _____ Yes (If yes, submit a Certification of Membership obtained from)
- Office of Northern Cultural Minorities/Indigenous People
 - Office of Southern Cultural Minorities/Indigenous People
 - Office of Muslim Affairs
- _____ No

III. Child of U.P. Personnel?

- _____ Yes (If yes, submit Certification of Employment obtained from U.P. HRDO).
_____ UPCM Faculty
_____ No

IV. Child of U.P. College of Medicine alumnus / alumna?

- _____ Yes (If yes, name of Alumni _____ Class _____)
_____ No

V. Permanent home address: _____

Region I	Region II	Region III	Region IV	Region V	Region VI
Region VII	Region VIII	Region IX	Region X	Region XI	Region XII
CAR	CARAGA	ARMM			

VI. Ever enrolled in a medical school?

- _____ Yes (If yes, need not apply)
_____ No

VII. NMAT taken?

- _____ Yes (If yes, submit a photocopy of the result)
_____ No (If no, take the NMAT given in _____ or earlier)