



# MANUEL L. QUEZON UNIVERSITY

GUIDANCE OFFICE: (02) 994-5137  
ADMISSION OFFICE: (02) 287-9055 / (02) 994-5133  
www.mlqu.edu.ph

Foreign Student    Transferee    Freshman     
Control No.      Date: \_\_\_\_\_

Last Name:   
Given Name:   
Middle Name:

1<sup>st</sup> Choice of Course:  Major:   
2<sup>nd</sup> Choice of Course:  Major:

Gender:  Male    Female   Nationality:   
Religion:    Age:    Date: of Birth:  /  /   
Month   Day   Year

Telephone No.:       Mobile No.:

E-mail Address:

Last School Attended:

School Address:   
*No.      Building      Street      Barangay/District*  
  
*Municipality      Province*

Home Address:   
*No.      Building      Street      Barangay/District      Municipality/Province*

Father	Name	Mother
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Telephone / Mobile Number	<input type="text"/>
<input type="text"/>	Email Address	<input type="text"/>
<input type="text"/>	Occupation	<input type="text"/>

Guardian's Name:       Address:       Occupation:

Test Result:       Percentile:       Examiner:



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Control No.

/  /   
*last Name      Given Name      Middle Name*

Date of Examination:   
Time:   
Examiner:

Test Result:       Percentile:       Student's Signature: