



ATENEO DE MANILA UNIVERSITY

2" x 2"
ID Picture

LOYOLA SCHOOLS Office of the Associate Dean for Graduate Programs APPLICATION FOR ADMISSION TO GRADUATE STUDIES

Instructions:

- Fill up this form completely and accurately. Print or type the information requested. Use a separate sheet if necessary.
- Submit all the required documents by the deadline set by the Associate Dean for Graduate Programs. Only application forms properly accomplished and accompanied by all the required documents will be processed.
- Arrange to take the entrance examination on any of the dates set by the Associate Dean for Graduate Programs.

I am applying to begin graduate studies in

School Year 20__-20__

- Intersession
 Semester I
 Semester 2

I wish to take up the following graduate degree program:

(Please list in order of preference and indicate "Thesis" or "Non-Thesis", if applicable.)

-
-

PERSONAL INFORMATION

Legal Name	NAME IN BIRTH CERTIFICATE			Nickname		
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Married Name (If applicable)	Last Name	First Name	Middle Name	
Permanent address	Street No	Street	Subdivision / Barangay	City / Municipality		
	Province		Country	Zip Code		
Mailing address <i>(If not the same as the permanent address)</i>	Street No	Street	Subdivision / Barangay	City / Municipality		
	Province		Country	Zip Code		
Phone and E-mail	Residence () Area code	Mobile:		E-mail:		
	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed		Job Title:			
<input type="checkbox"/> Present Employment or <input type="checkbox"/> Immediate past Employment <i>(if leaving job to study)</i>	Employer (company / school / private individual)			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Contractual		
	Address			Office E-mail Address		
	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Non-Government <input type="checkbox"/> Others _____		No. of Yrs in Service	Nature of Business / Institution / Org.		Office Landline and Fax No.
Date of birth	Day / Month / Year	Age	Place of Birth			
Citizenship	<input type="checkbox"/> Filipino <input type="checkbox"/> Others (specify)		Religion			
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			Blood type		
If married: Name of Spouse	Last Name	First Name	Middle Name	Contact nos.	Landline	Mobile
Person to contact in case of emergency <i>(Name, address, relationship and contact details)</i>	Last Name	First Name	Middle Name	Relationship		
	Street No	Street	Subdivision / Barangay	Contact nos.	Landline	Mobile
	City / Municipality		Country	Zip Code	E-mail	

Please do not write below this line

APPLICATION FEE PAID

OR No.	Amount	Date	Prepared by		
Date Received	ADGP:	Department:	ADGP:	Dean:	Registrar:
By:					

Legal Name	Married Name (if applicable)	<i>(Name in Birth Certificate)</i> Last Name	First Name	Middle Name
-------------------	-------------------------------------	---	-------------------	--------------------

ENROLMENT AND PREVIOUS APPLICATION

Have you ever enrolled for graduate studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
In what school?	For what program of study?
Have you ever applied for graduate studies at the Ateneo de Manila University before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	For what program of study?
Have you ever enrolled in the Ateneo de Manila University - Loyola Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your ID No.?	In what program?

EDUCATIONAL BACKGROUND - SCHOOLS ATTENDED

Level	Complete Name and Location of All Schools Attended	Dates of Attendance	Degree and Year Received or Expected
Graduate School			
College			
High School			

ACADEMIC HONORS (COLLEGE / GRAD SCHOOL) OR SPECIAL AWARDS RECEIVED

Award(s) Received	Awarding Institution	Date

FOR TEACHERS

Employment Status			Level Taught				
<input type="checkbox"/> Currently teaching	<input type="checkbox"/> Permanent	<input type="checkbox"/> Probationary	<input type="checkbox"/> Pre-Sch	<input type="checkbox"/> GS	<input type="checkbox"/> HS	<input type="checkbox"/> College	<input type="checkbox"/> Grad Sch
<input type="checkbox"/> On Study Leave	<input type="checkbox"/> Contractual	<input type="checkbox"/> Substitute	<input type="checkbox"/> Others _____				

TEACHING EXPERIENCE

School(s) / Address(es)	Subject(s) Taught	Inclusive Dates

Legal Name	Married Name (if applicable)	(Name in Birth Certificate) Last Name	First Name	Middle Name
-------------------	-------------------------------------	--	-------------------	--------------------

PREVIOUS WORK EXPERIENCE OTHER THAN TEACHING AFTER GRADUATION FROM COLLEGE

Position	Company / Firm	Inclusive Dates

RESEARCH EXPERIENCE

Thesis written: If you wrote a thesis (undergraduate/graduate), what was the subject of your thesis? (Write the full title of the thesis if possible.) If you are an applicant for MA/MS studies, please write your undergraduate thesis topic; if an applicant for a doctoral degree, your master’s thesis topic.

Other Research.

If you have done research other than an undergraduate/master’s thesis, please fill up the following tables:

Research Projects	Research Institution	Position in Project	Inclusive Dates

Published Research Papers / Unpublished Research Papers Presented.

Title(s)	Publication(s) / Conference(s)	Date

SEMINARS / TRAININGS - DIRECTLY RELATED TO THE PROGRAM YOU ARE APPLYING FOR (if any)

Seminars / Workshops / Training Programs Attend	Organizing Institution(s)	Inclusive Dates

PLAN OF STUDY

Do you plan to enroll as a full-time student? part-time student?

When do you plan to finish your degree and why?

Who will provide all or most of the funding for your graduate education?

Self Parents Relatives Others, pls. specify

Legal Name	Married Name (if applicable)	<i>(Name in Birth Certificate)</i> Last Name	First Name	Middle Name
-------------------	-------------------------------------	---	-------------------	--------------------

SCHOLARSHIP

Are you applying for a scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of scholarship	
Scholarship status as of this date:	<input type="checkbox"/> Completing requirements	<input type="checkbox"/> Submitted application	<input type="checkbox"/> Already a grantee

MEDICAL HISTORY

Please list down any physical and/or psychological challenges that should be taken into consideration in planning your graduate program of studies

PERSONAL ESSAY

(The essay should be 1-2 pages long, typed double-space, and printed on letter-sized bond paper.)

Please write a personal essay that covers the following:

1. Reason for graduate study
 - a. Reasons for pursuing graduate studies at this time
 - b. Reasons for choosing your program of study
2. Qualities and experiences which you feel will help you or give you difficulties in your chosen program of study
 - a. Personal qualities, abilities or special skills
 - b. Work experience (life experiences) and previous studies
 - c. Constraints or difficulties that you anticipate encountering in your studies
3. Potential contribution of an Ateneo graduate education to your profession and larger society

REFERENCES

(Pls. see the RECOMMENDATION FOR GRADUATE ADMISSION FORM. The instructions given there indicate which names are to be written below.)

	Name	Position, Institution, Telephone No. & E-mail Address
1		
2		
3		

I hereby certify that all information written in this application is complete and accurate. If accepted as a student, I agree that my admission, registration, and graduation are subject to the rules and regulations of the Loyola Schools, Ateneo de Manila University.

APPLICANT'S SIGNATURE _____ **DATE** _____

Important:

Credentials filed in support of this application become the property of the Ateneo de Manila University and will not be returned to the applicant. Misrepresentation of information requested in this application will be sufficient reason for refusal of admission or denial of enrollment in a subsequent semester.

ADDITIONAL INFORMATION REQUIRED FROM INTERNATIONAL APPLICANTS

Passport Number		Issued at		Expiry date	
Type of visa in passport		Validity of visa	Day	Month	Year
Person to contact in the Philippines in case of emergency					
Relation to applicant		Mobile No.		E-mail	
Address					

DO NOT FILL UP (For Registrar's Use)

I-CARD No.	
Issued on	Expiry Date