



Republic of the Philippines  
**CENTRAL LUZON STATE UNIVERSITY**  
Science City of Muñoz, Nueva Ecija

**OFFICE OF ADMISSIONS**

**APPLICATION FOR ENROLLMENT**

**PERSONAL INFORMATION**

Name   
*Family Name                      Given Name                      Middle Name                      Extension Name*

Telephone/Mobile No.  E-mail address

**EDUCATIONAL BACKGROUND**

	Name of School	Term Last Attended
College, Institute or University Last attended ( <i>if any</i> )	<input type="text"/>	<input type="text"/>

**DEGREE PROGRAM APPLIED FOR**

I hereby affirm that all information written herein are complete and accurate. I am aware that any false information furnished in this form will make me ineligible for admission or subject to dismissal in the University. I hereby give permission to the University to store and process my personal data in adherence to the principles of transparency, legitimate purpose, and proportionality as required by RA 10173 or Data Privacy Act of 2012.

\_\_\_\_\_  
Signature over Printed Name of Applicant

**(DO NOT WRITE BELOW THIS LINE)**

**ACTION BY THE DEPARTMENT**

☐ Approved

☐ Disapproved

Signature

Department Head

College

Date