

**EDUCATIONAL BACKGROUND**

	Schools Attended	Location	Date
ELEMENTARY			
SECONDARY			

Have you earned academic honors in high school?  YES  NO  
 If YES, was it: \_\_\_\_\_ Valedictorian \_\_\_\_\_ First Honors Others : \_\_\_\_\_  
 \_\_\_\_\_ Salutatorian \_\_\_\_\_ Second Honors \_\_\_\_\_

After finishing high school were you enrolled in college courses in every subsequent semester until you earned your BS/AB Degree?  YES  NO  
 If NO, Please state why: \_\_\_\_\_

**COLLEGIATE**

Name and address of the school granting the degree

Degree obtained \_\_\_\_\_

Date of graduation \_\_\_\_\_

Have you earned academic honors in college?  YES  NO

If YES, Please list: \_\_\_\_\_

For those who did not proceed to Medicine proper immediately after graduation from college; what did you do after graduation?

\_\_\_\_\_ Took another course. Please list them with the school where they were taken, and when

\_\_\_\_\_ Worked as an employee \_\_\_\_\_

\_\_\_\_\_ Worked in family business \_\_\_\_\_

\_\_\_\_\_ Engage in own business \_\_\_\_\_

\_\_\_\_\_ Stayed at home \_\_\_\_\_

\_\_\_\_\_ Others \_\_\_\_\_

Other than academic subjects and routine activities, what other subjects or activities are you interested in, in a more than usual degree?

\_\_\_\_\_ School organizations \_\_\_\_\_ Music : Vocal \_\_\_\_\_ Philately

\_\_\_\_\_ Religious activities \_\_\_\_\_ Music : Instruments \_\_\_\_\_ Others: \_\_\_\_\_

\_\_\_\_\_ Socio-civic action \_\_\_\_\_ Classical/Folk dance \_\_\_\_\_

\_\_\_\_\_ Sports \_\_\_\_\_ Creative writing \_\_\_\_\_

Please list down other skills or work experience that you have which may be useful in the study/practice of medicine.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this your first time to ask admission to the medical course?  YES  NO

If NO, what happened to your application?

\_\_\_\_\_ Accepted and enrolled at \_\_\_\_\_ (Name of medical school)

\_\_\_\_\_ Accepted but did not enroll at \_\_\_\_\_ (Name of medical school)

\_\_\_\_\_ Application was not approved

Is this your first time to seek admission to the Cebu Institute of Medicine?  YES  NO

If NO, state when was the last time you applied \_\_\_\_\_