

ABOUT YOUR FUTURE PLANS:

What influenced you greatly in taking up Medicine as a career?

- | | | |
|---|---|----------------|
| <input type="checkbox"/> Advice of parents | <input type="checkbox"/> Illness in family | Others : _____ |
| <input type="checkbox"/> Advice of brother/sister | <input type="checkbox"/> Prestige of profession | _____ |
| <input type="checkbox"/> Advice of relatives | <input type="checkbox"/> Awareness of health | _____ |
| <input type="checkbox"/> Advice of friends | <input type="checkbox"/> needs of community | _____ |

How will your medical education be supported?

- | | | |
|---|--|----------------|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Approved | Others : _____ |
| <input type="checkbox"/> Phil. Veterans benefit | <input type="checkbox"/> Still being processed | _____ |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Planning to apply | _____ |
| Name of Scholarship _____ | | |

What are the sources of information about this medical school?

- | | | |
|---|--|----------------|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Teachers in college | Others : _____ |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Newspaper ad | _____ |
| <input type="checkbox"/> Own effort | <input type="checkbox"/> Convocation | _____ |
| <input type="checkbox"/> Family friends | <input type="checkbox"/> Friends who are students here | _____ |

If you will study in Cebu City, where will you most likely stay?

- | | |
|---|---------------|
| <input type="checkbox"/> with parents | Others: _____ |
| <input type="checkbox"/> boarding house/dormitory | _____ |
| <input type="checkbox"/> apartment | _____ |
| <input type="checkbox"/> With relatives | _____ |

Please list the medical schools you have applied (or will apply) to for the coming school year, in order of your preference, including THE CEBU INSTITUTE OF MEDICINE:

- | | |
|-------------------------|---------------|
| First Preference _____ | Others: _____ |
| Second Preference _____ | _____ |
| Third Preference _____ | _____ |

Do you have brother(s) or sister(s) enrolled in Velez College? YES NO
 In the Cebu Institute of Medicine? YES NO
 If YES, please write their names: _____

Do you have relatives who are alumni of C. I. M. ? YES NO
 If YES, please write their names & relationship _____ Relationship _____
 _____ Relationship _____

I hereby certify on my word of honor that the foregoing entries are true and correct to the best of my knowledge.

Signature of Applicant

Date

Do not write in this space.

NOTE TO APPLICANT:

All communications pertaining to this application will be sent to you at your mailing address. If you will not be at this address for some time, arrange for someone to transmit the communication to you, or notify us for any change of address as soon as possible.

Send this application to : The Admissions Committee
 Cebu Institute of Medicine
 F. Ramos Street
 6000 Cebu City, Philippines

Submit this application together with:

- (a.) One copy of the transcript of college records (for evaluation) which should include all courses taken with final grades, except for those of the second semester of the current school year.
- (b.) Letter of reference from two former college teachers, who can vouch for your moral character. Please indicate their addresses.
- (c.) Remittance for filing.