



Don Mariano Marcos Memorial State University OPEN UNIVERSITY SYSTEM

San Fernando City, La Union

www.dmmmsu.edu.ph

(072) 242-3608

ous@dmmmsu.edu.ph

https://www.facebook.com/DMMMSUOpenUniversity



- New student
- Continuing student
- Returning student
- Cross-enrollee

REGISTRATION FOR ENROLLMENT FORM

Latest 2x2
I.D. picture
(with name tag in
white background)

Name: _____
(Family name) (First name) (Middle name)

Program/Course: _____ Major: _____

Mode of Learning: () Group Paced () Self-Paced () Online, *name of country*: _____
() First Semester () Second Semester () Midyear Term School Year _____ to _____

REQUIREMENTS: Original and photocopy/scanned of the following documents

- | | | |
|--|---|---|
| <input type="checkbox"/> Honorable Dismissal/Transfer Credential | <input type="checkbox"/> PSA Birth Certificate | <input type="checkbox"/> 3 pieces long folder |
| <input type="checkbox"/> Official Transcript of Records | <input type="checkbox"/> Medical Certificate with Chest x-ray | <input type="checkbox"/> Certificate of Grades for continuing & returning student |
| <input type="checkbox"/> Senior High School Report Card/Form 138 | <input type="checkbox"/> College Admission Test Result | <input type="checkbox"/> 6 pcs. 2X2 I.D. picture with name tag in white backgd |
| <input type="checkbox"/> Certificate of Good Moral Character | <input type="checkbox"/> Permit to cross-enroll | |

Checked by:

_____ Admission Officer

_____ Program Chairperson

Date of Registration: _____

STUDENT INFORMATION SHEET

Name: _____
(Family Name) (First Name) (Middle Name)

Date of Birth: _____ Place of Birth: _____ Age: _____ Gender: _____

Permanent Address: _____

Contact number: _____ Email address: _____

Name of Parents:

a) Father _____ Occupation _____

b) Mother _____ Occupation _____

Civil Status: _____ Citizenship: _____

Name of spouse: _____ Occupation: _____ Number of Children: _____

EDUCATIONAL BACKGROUND:

	(Name of School and Address)	(Program/Course)	(Year Graduated)
Elementary	_____	_____	_____
Secondary	_____	_____	_____
College	_____	_____	_____
Master's Degree	_____	_____	_____
Doctorate Degree	_____	_____	_____
Others, please specify (e.g. tech-vocational skills)	_____		

OCCUPATION/EMPLOYMENT:

Position (Please specify)	Employer/Address (Please specify)	Date of Employment	Brief Description of Duties
_____	_____	_____	_____
_____	_____	_____	_____

Availability of internet connectivity:

- () Home with LIMITED internet connectivity
- () Home with STABLE internet connectivity
- () Workplace with LIMITED internet connectivity
- () Workplace with STABLE internet connectivity

PROFESSIONAL EXAMINATION TAKEN:

Title of Examination	Date Taken	Place of Examination	Rating
_____	_____	_____	_____

Name and Address of at least two (2) uninterested parties from whom the Open University System can refer to about your personal circumstances.

Name 1: _____ Address: _____

Name 2: _____ Address: _____

This is to certify that all the above information is true and valid.

Signature over Name of Student