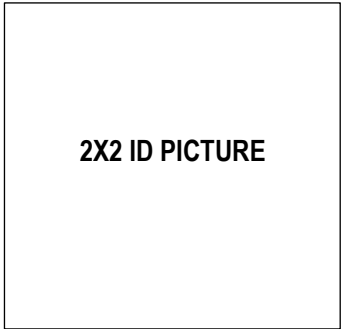




CENTRAL PHILIPPINES STATE UNIVERSITY
Kabankalan City, Negros Occidental



ADMISSION SLIP

Date: _____ Examinee No. _____

Name: _____
Family Given Middle

Address: _____

Sex: ____ Age: ____ Date of Birth: _____ Contact Number: _____

School Last Attended: _____

SHS Track/Strand: _____ Course Choice 1: _____

Preferred Campus: _____ Course Choice 2: _____

Signature over Printed Name

Date of Admission Test: _____ Time: _____ Venue: College of Engineering

SUNE S. QUINTAB

Guidance Counselor III/Coordinator, Admission Services

Student's Copy

ADMISSION SLIP

Date of Admission Test: _____ Time: _____ Venue: College of Engineering

SUNE S. QUINTAB

Guidance Counselor III/Coordinator, Admission Services

Bring this Slip, valid ID and pencil on the Date of Admission Test.