



CENTRAL PHILIPPINES STATE UNIVERSITY
Kabankalan City, Negros Occidental

2X2 ID PICTURE

ADMISSION SLIP

Date: _____

Examinee No. _____

Name: _____
Family Given Middle

Address: _____

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

School Last Attended: _____

SHS Track/Strand: _____ Course to take: _____

DISCLAIMER:

I UNDERSTAND THAT TAKING THE CPSU ADMISSION TEST DOES NOT GUARANTEE MY ENROLLMENT UNLESS I COMPLY WITH ALL THE ADMISSION REQUIREMENTS OF THE UNIVERSITY.

Signature over Printed Name

(To be filled out by the Counseling and Guidance Unit Personnel)

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

Name and Signature of CGU Personnel