



De La Salle-  
College  
of Saint  
Benilde

## ADMISSIONS CENTER

2544 Taft Ave., Manila, Philippines 1004  
Tel Nos.: 526-7441 to 47 loc. 126, 220 & 221  
Telefax: 524-8233  
Email: admissions@dls-csb.edu.ph  
Website: www.dls-csb.edu.ph/admissions  
Office Hours: Mon.-Fri. 8:00am-12:00nn &  
1:30pm-5:00pm /Sat. 8:00am-12:00nn

(As stated in Birth Certificate. Please PRINT or TYPE.)  
STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender  Male  Female

               

(Assigned ID Number once applicant is enrolled)

# Application Form

Submit this form together with all admission requirements indicated in the College Prospectus for your entrance examination permit and schedule. Only complete applications will be processed. PRINT OR TYPE YOUR ANSWERS.

Application is made as a

- Freshman student     2<sup>nd</sup> undergraduate degree student  
 CDP student     Others, pls. specify: \_\_\_\_\_  
 Transfer student

For the

- 1<sup>st</sup> Trimester     3<sup>rd</sup> Trimester  
 2<sup>nd</sup> Trimester    School Year \_\_\_\_\_ to \_\_\_\_\_

2X2  
Colored Picture  
(Attach 3 copies)

### PERSONAL DATA

Mailing Address (WRITE LEGIBLY. Mailed application status letters are sent to this address.)

Zip Code

Permanent Address

Zip Code

Date of Birth (DD/MM/YY)

Place of Birth

Email Address

Telephone Number

Cellphone Number

Age

Height

Weight

Citizenship

Religion

Civil Status

If married, name of spouse

### ENTRY INFORMATION (Indicate the degree program you plan to enroll in at DLS-CSB)

#### DEGREE PROGRAM

#### DEGREE CODE

1ST CHOICE

2ND CHOICE

3RD CHOICE

Are you applying for a scholarship?

- YES  
 NO

If YES, which scholarship?

- SOFA     SDA Grant     BASAP  
 Others, pls. specify: \_\_\_\_\_

DO NOT FILL THIS	A	B	C	D	CASE NO.				CGPA		
HS GPA	PROGRAM		SCORE	HS COM ARTS	HS MATH	HS SCI-ENCE	HS MKB	CND	RCMF	RANK	

#### DEFICIENCIES:

- AF     PIC     BC     SSR     RFP     RFC     RFP-P     RFC-P     PEPT     CF137     CGMC     F138     ACR     Passport     GAF  
 OTHERS: \_\_\_\_\_

#### REMARKS:

**EDUCATIONAL BACKGROUND** (Include all schools attended and/or enrolled in; provide extra sheets if necessary)

GRADE SCHOOL	NAME AND ADDRESS OF SCHOOL	REGION	SY ATTENDED
Grade(s): 1			
2			
3			
4			
5			
6			
7			

HIGH SCHOOL	NAME AND ADDRESS OF SCHOOL	REGION	SY ATTENDED
Year I			
Year II			
Year III			
Year IV			

COLLEGIATE	NAME AND ADDRESS OF SCHOOL	REGION	SY ATTENDED
Year I			
Year II			
Year III			
Year IV			

**FAMILY BACKGROUND**

	FATHER	MOTHER
NAME		
CITIZENSHIP		
HOME ADDRESS		
TELEPHONE NUMBER		
OCCUPATION		
EMPLOYER (Name of Company)		
BUSINESS ADDRESS		
TELEPHONE NUMBER		
HIGHEST EDUCATIONAL ATTAINMENT		
LAST SCHOOL ATTENDED		

<b>BROTHERS / SISTERS</b> (Please list from eldest to youngest. Please attach additional sheet if necessary.)				
NAME	AGE	CIVIL STATUS	SCHOOL	YR. LEVEL/YR. GRADUATE

Are you living with parents?  YES NO, please accomplish the Legal Guardianship Form (available online and at the Admissions counter)

Is your father or mother an employee of DLS-CSB?  YES  NO

If YES, who?  Father  Mother

Check classification of specified parent

- Administrator  Faculty  Academic Service Faculty
- Administrative Service Personnel  Others (Pls. specify) \_\_\_\_\_

Is your father or mother a graduate of any De La Salle School?  YES  NO

If YES, who?  Father  Mother  Both

If YES, Indicate

**Father**

**Mother**

School \_\_\_\_\_

Level \_\_\_\_\_

Course \_\_\_\_\_

Year graduated \_\_\_\_\_

**EXTRA- and CO-CURRICULAR ACTIVITIES / DEPARTMENT**

List honors/awards for academic excellence in school or at special events / distinctions received / special talents and skills: (Please accomplish clearly. DLS-CSB uses this information for merit scholarship screening. Use extra sheet/s if necessary)

---



---



---



---



---

List memberships in on/off campus organizations: (Please accomplish clearly. DLS-CSB uses this information for merit scholarship screening. Use extra sheet/s if necessary)

---



---



---



---



---

Were you ever dismissed, suspended, or placed on disciplinary probation? Please give details (dates, offenses, penalties): (Use extra sheet/s if necessary)

---



---



---



---



---

Do you have any disability, medical, psychological, or mental condition (e.g. asthma, dyslexia, ADD, ADHD, etc.) which may have important bearing on your schooling at DLS-CSB?

- YES (Attach medical records/history/clearance where applicable)
- NO

Is this your first time to apply at DLS-CSB?

- YES
- NO ( State date of previous application: \_\_\_\_\_ )

Please indicate your previous application status:

- Accepted  Not Accepted  Wait-listed
- Others (Pls. specify) \_\_\_\_\_

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Nickname

\_\_\_\_\_

Gender  Male  Female

**Please state your reason for applying to DLS-CSB. Tick ALL that apply.**

- Prestige of DLS-CSB
- Recommended by teacher
- Degree programs offered
- Recommended by counselor
- Recommended by parents
- Recommended by siblings/relatives
- Recommended by principal
- Recommended by friends
- Others (Pls specify)

\_\_\_\_\_

**How did you first learn about DLS-CSB? Tick only ONE.**

- Parents
- Siblings / Relatives
- Friends / Classmates
- DLS-CSB website
- Career Talks / Career Fairs
- In-Campus Tours
- Print Ads
- High School Teachers
- Homeroom Advisers
- News Articles
- School Counselors
- Websites (Pls. specify)

\_\_\_\_\_

- Others (Pls. specify)

\_\_\_\_\_

Have you, at any time, applied at any College/University/Tertiary School(s)?

- NO
- YES (Please answer the questions below.)

1. Name of School:

\_\_\_\_\_

Degree Program Applied To:

\_\_\_\_\_

2. Name of School:

\_\_\_\_\_

Degree Program Applied To:

\_\_\_\_\_

3. Name of School:

\_\_\_\_\_

Degree Program Applied To:

\_\_\_\_\_

## VERIFICATION / AUTHORIZATION

I have carefully read the contents of this application form. I certify that the information given herein is correct and complete. Falsification, misrepresentation, or withholding of information requested in this form will automatically nullify my application and/or subject me to dismissal from De La Salle-College of Saint Benilde.

This also authorizes any school I have previously attended to release any information/records requested by De La Salle-College of Saint Benilde in relation to this application. The College may use such information in the processing of this application.

Printed Name & Signature of Applicant	Date
---------------------------------------	------

Printed Name & Signature of Parents(s) / Guardian	Date
---	------

**FOR FRESHMAN APPLICANTS ONLY:**

This is to state that I have never enrolled in any tertiary institution here or abroad after my graduation from high school and after taking the Benildean Entrance Examination (BEE) as part of my application to DLS-CSB.

Printed Name & Signature of Applicant	Date
---------------------------------------	------

Printed Name & Signature of Parents(s) / Guardian	Date
---	------

## LIST OF DEGREE PROGRAMS AND DEGREE CODES

**Please refer to the College Prospectus for complete information on our degree programs.**

**School of Deaf Education and Applied Studies**

Bachelor in Applied Deaf Studies <i>(Tracks in Multimedia Arts and Entrepreneurship)</i>	BAPDST
---	--------

**School of Design and Arts**

Bachelor of Arts (AB) in Animation	ABANI
AB in Arts Management	ABAM
AB in Digital Filmmaking	ABDFILM
AB in Multimedia Arts	ABMMA
AB in Music Production	ABMP
AB in Photography	ABPHOTO
AB in Production Design	ABPRD
AB in Technical Theater	ABTHR
AB major in Fashion Design and Merchandising	AB-FDM
Bachelor of Performing Arts in Dance	BPAD
Bachelor of Science (BS) in Architecture	BS-ARCH
BS in Industrial Design	BS-ID
BS in Interior Design	BS-IND

**School of Hotel, Restaurant and Institution Management\***

BS in Hotel, Restaurant and Institution Management <i>(Tracks in Culinary Arts, Hospitality Management, &amp; Travel &amp; Tourism Management)</i>	BS-HRIM
BS in International Hospitality Management	BS-IHM

**School of Multidisciplinary Studies**

AB major in Consular and Diplomatic Affairs	AB-CDA
---	--------

**School of Management and Information Technology**

Bachelor of Science in Business Administration (BSBA) major in Computer Applications	
BSBA major in Export Management	BSBA-CA
BSBA major in Human Resource Management	BSBA-EM
BS in Information Systems	BSBA-HRM
BS in Information Technology	BS-IS
<i>(With specialization in Game Design and Development)</i>	BS-IT
BSBA major in Business Management**	
BSBA major in Marketing Management**	BSBA-BM
	BSBA-MM

\* A partner institution of CHED's Expanded Tertiary Education  
Equivalency and Accreditation Program (ETEEAP)

\*\* Night Programs offered to working students.

**DO NOT DETACH.**