TARLAC STATE UNIVERSITY
OFFICE OF ADMISSION AND REGISTRATION
Tarlac City, Philippines

APPLICATION FORM FOR ADMISSION

Doctor of Medicine (MD)

2 pcs. 2x2 colored pictures with name tag **(taken within the last six months)**

PLEASE PROVIDE THE CORRECT INFORMATION AND PRINT LEGIBLY

Application No.: _____ Student Number: _____

Year Level Applying: **1st** ☐ **2nd** ☐ **3rd** ☐ **4th** ☐ School Year: _____

Course & Major: **Doctor of Medicine** College: **College of Medicine**

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	Jr./I/II/III

Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐ (*Month - Day - Year*) ☐☐ (*Age*) **Place of Birth:** _____

Gender: ☐ **MALE** ☐ **FEMALE** **Civil Status:** ☐ **SINGLE** ☐ **MARRIED** ☐ **WIDOW/ER**

Nationality: _____ **Contact Number:** _____

Religion: _____ **Email Address:** _____

Complete Residence Address: _____

_____ **Postal/Zipe Code:** ☐☐☐☐

FAMILY BACKGROUND

Father: _____ **Mother:** _____

Occupation: _____ **Occupation:** _____

Company: _____ **Company:** _____

Company Address: _____ **Company Address:** _____

Home Address: _____ **Home Address:** _____

Contact Number: _____ **Contact Number:** _____

IN CASE OF EMERGENCY:

Guardian: _____ **Company:** _____

Relationship: _____ **Contact Person:** _____

Address: _____ **Address:** _____

Contact Number: _____

Email Addresss: _____ **Telephone no.:** _____

Occupation: _____ **Mobile / Phone Number:** _____

EDUCATIONAL BACKGROUND

BACHELOR'S DEGREE

Name of School: _____

Address: _____

Course Degree: _____

Inclusive Dates: _____

General Weighted Average (GWA): _____

MASTER'S DEGREE

Name of School: _____

Address: _____

Course Degree: _____

Inclusive Dates: _____

DOCTORATE'S DEGREE

Name of School: _____

Address: _____

Course Degree: _____

Inclusive Dates: _____

Tarlac State University
Office of Admission and Registration
Director

Date: _____

Sir/Madam

I have the honor to apply for enrollment in the **College of Medicine** with the course **Doctor of Medicine** at the Tarlac State University, Tarlac City.

For evaluation purposes, I am submitting herewith the following requirements:

For College Graduate

- ☐ Certificate of Transfer Credentials / Honorable Dismissal **(Original Copy)**
- ☐ Certificate of General Weighted Average **(Original Copy)**
  from registrar with grade equivalence in percentage
- ☐ Certificate of Good Moral Character **(Original Copy)**
- ☐ Copy of Grades / Official Transcript of Records **(Original Copy)**
  - ✓ *with remarks "Copy for Tarlac State University or TSU")*
  - ✓ *with Special Order (S.O.) number*
- ☐ Photocopy of Diploma or Certification of Graduation
- ☐ Machine Copy of Authenticated PSA Birth Certificate
- ☐ Machine Copy of Authenticated PSA Marriage Certificate **(for female married students)**
- ☐ 2 pcs. 2x2 colored pictures with name tag and white background **(taken within the last six months)**
- ☐ Photocopy of National Medical Admission Test **(NMAT Result)** *with a minimum rating*
- ☐ Photocopy of NBI Clearance or Police Clearance
- ☐ Supporting Documents for Leadership Activities
- ☐ Certificates or Supporting Documents for Recognitions and Awards
- ☐ Supporting Documents for Organizational Membership
- ☐ Accomplished Application Form for Admission **(Doctor of Medicine)** **(download from TSU website)**
- ☐ Long Brown Envelope **(client will provide)**

In consideration of my admission to Tarlac State University and all the privileges of students in this institution I hereby pledge to abide and comply with all the rules and regulations set by competent authorities in this University. Furthermore, I bind myself with all the present and future requirements of the curriculum I am enrolled in as prescribed by the Institution.

Very truly yours,

_____
Signature over Printed Name of Applicant

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DATA PRIVACY CONSENT STATEMENT

In accordance with the Data Privacy Act of 2012, I hereby voluntarily authorize Tarlac State University to collect, process, store, and use my personal information and supporting documents solely for admission, evaluation, enrollment, records management, and other legitimate academic and administrative purposes related to my application for the Doctor of Medicine program.

I understand that the personal data collected may include, but are not limited to:

Full Name and Personal Information
Address and Contact Details
Educational Records and Official Transcript of Records
NMAT Result
PSA Birth Certificate and Valid Identification Cards
Medical Certificate and other health-related documents required for admission
PRC License/ID and other supporting documents, if applicable

I understand that my personal information shall be treated with confidentiality and protected in accordance with the Data Privacy Act of 2012 and the policies of Tarlac State University. My information shall not be disclosed to unauthorized persons except as required by law or for legitimate university purposes.

By signing below, I certify that I have read and understood this Data Privacy Consent Statement and voluntarily give my consent to the processing of my personal data.

Signature over Printed Name: _____
Applicant's Name: _____
Parent/Guardian's Signature (if applicable): _____
Date: _____

Additional Note for the Application Form

☐ I have read and understood the Data Privacy Act of 2012 (Republic Act No. 10173) and voluntarily consent to the collection, processing, and storage of my personal information by Tarlac State University for admission and related academic purposes.

Purpose of Data Collection

The personal information collected from you will be used solely for admission evaluation, student record, enrollment, and other legitimate academic and administrative purposes of the University.

Information Collected

The University may collect and process the following data:

Full name, date and place of birth, and contact information
Academic records and credentials
Government-issued identification numbers
Supporting documents for admission

Use and Disclosure of Information

Your personal information shall be:

Used only for purposes directly related to admission and student registration;
Accessed and processed by authorized University personnel only;
Shared, when necessary, with relevant government agencies (e.g., CHED, DepEd) or partner institutions, as required by law or for official university functions.

Data Retention and Security

All personal information will be stored securely in both digital and physical formats. Data will be retained only for as long as necessary for academic, administrative, and legal purposes, after which it shall be disposed of in a secure manner.

Your Rights as a Data Subject

Under the Data Privacy Act, you have the right to:

Access and correct your personal information;
Withdraw consent to the processing of your data (subject to applicable requirements);
File a complaint with the National Privacy Commission if your rights are violated.