APPLICATION SLIP FOR TRANSFERREES
For Cross-Enrollees, Audit and Exchange Students
(IN TRANSITION FOR SY 2016-2017)

For Walk-In Application:

1. Fill out this slip and personally submit to the Admissions Office together with two (2) pieces recent 2"x2" picture and recent copy of Transcript of Records or Certified True Copy of Grades.
2. Pay the NON – REFUNDABLE application & testing fee of PhP 400.00 at the Cashier’s Office. Foreign applicant pays $100 or its peso equivalent.
3. Present receipt to the Admissions Office and claim application kit and exam permit.
4. Submit the completed forms (Application form and two Recommendation Forms) on the specified deadline and take the exam on the given schedule.

UNDERGRADUATE DEGREE PROGRAMS

Please mark the box of the program you wish to take:

<table>
<thead>
<tr>
<th>CAS</th>
<th>CBEA</th>
<th>CED</th>
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</thead>
<tbody>
<tr>
<td>□ AB International Studies</td>
<td>□ BS Business Administration</td>
<td>□ BS Child Development and Education</td>
</tr>
<tr>
<td>□ BA Applied Arts Major in Visual Design</td>
<td>□ BS Entrepreneurship</td>
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<tr>
<td>□ BA Communication</td>
<td>□ BS Leisure and Tourism Management</td>
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<tr>
<td>□ BS Psychology</td>
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REVISED 09.21.15/KNATIVIDAD
PERSONAL INFORMATION: Please provide your COMPLETE personal information and write in PRINT.

Application for School Year 2016-2017  □ 1st Semester   □ 2nd Semester   Date of Application: _______________________________

Applicant’s Name: _____________________________________________    _____________________________    _____________________________
(Name in Birth Certificate)    Last Name    First Name    Middle Name
Nickname: ___________________________    Birth date (mo/day/year): ___________________________    Birthplace: ___________________________
Civil Status: _________________________    Citizenship: ___________________________    Religion: ___________________________
Home Telephone No.: ___________________________    Mobile No.: ___________________________    Parent’s Contact No.: ___________________________
Applicant’s E-mail Address: ___________________________    Parent’s E-mail Address: ___________________________
Present Home Address: _____________________________________________________________    ___________________________
No.    Street    Village/Barangay    Municipality/Province
Last School Attended: _____________________________________________    Course (Previous School): ___________________________
Are you a former Miriam College student?    □ Yes    □ No    If yes, what level?    □ CSC    □ GS    □ HS    □ MAE    □ SAID
Miriam College Student Number (REQUIRED) : ___________________________

Please state reason/s for leaving previous school:
________________________________________________________________________________________________________________________________________________________

How did you learn about Miriam College?
□ Miriam College Website    □ Social Networking Sites
□ Parents/Relatives/Friends    □ Miriam College Employees
□ Others (Please Specify) ___________________________

AMOUNT PAID : ___________________________
OR NO. : ___________________________
DATE OF PAYMENT : ___________________________
PROCESSED BY : ___________________________
Remarks
________________________________________________________________________________________________________________________________________________________

Interviewed by: ___________________________
________________________________________________________________________________________________________________________________________________________