



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-A

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  
 CDP student  
 Transfer student  
 2nd undergraduate degree student  
 Others, pls. specify: \_\_\_\_\_

For the

- 1st Trimester  
 2nd Trimester  
 3rd 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 (MM/DD/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?  NO  YES, which scholarship?

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

DO NOT FILL THIS AREA	A	B	C	D	BEE	CASE NO.					
PROGRAM	CGPA	HS GPA	HS COM ARTS	HS MATH	HS SCIENCE	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	SY ATTENDED
Grade(s): 1		
2		
3		
4		
5		
6		
7		

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

COLLEGIATE	NAME AND ADDRESS OF SCHOOL	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		

BROTHERS / SISTERS (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

	<b>Father</b>	<b>Mother</b>
School	_____	_____
Level	_____	_____
Course	_____	_____
Year graduated	_____	_____

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: \_\_\_\_\_

### ADDITIONAL BACKGROUND INFORMATION

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

- YES, please specify \_\_\_\_\_ (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) \_\_\_\_\_

### 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)

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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)

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

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## 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

BAPDST

*(Tracks in Multimedia Arts and Entrepreneurship)*

### 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

BS-HRIM

*(Tracks in Culinary Arts, Hospitality Management, & Travel & Tourism Management)*

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-CA

BSBA major in Export Management

BSBA-EM

BSBA major in Human Resource Management

BSBA-HRM

BS in Information Systems

BS-IS

BS in Information Technology *(with specialization in Game Design and Development)*

BS-IT

*Night Programs offered only to working students*

BSBA major in Business Management\*\*

BSBA-BM

BSBA major in Marketing Management\*\*

BSBA-MM

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