



**ATENEO DE DAVAO UNIVERSITY
QUALIFYING EXAMINATION FOR COLLEGE**

Form 1-QEAC
ADDU (10-2017)

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AREA**

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PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM [ITEM 1-26]

FOR STAFF ONLY	Date of Test	Time of Test	Venue of Test
	1. Surname		
2. First and Middle Names		3. Applicant's Signature	
Cashier Validation		O.R. Number	

Present this form to the examiner 30 minutes before the examination. Bring pencil (lead #2), eraser, a valid ID, Official Receipt, and paper.



**ATENEO DE DAVAO UNIVERSITY
APPLICATION FOR THE QUALIFYING EXAMINATION FOR COLLEGE**

Form 1-QEAC
ADDU (10-2017)

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PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM [ITEM 1-26]

FOR STAFF ONLY	Date of Test	Time of Test	Venue of Test
	4. Surname		
5. First and Middle Names		6. Date of Birth (dd-mm-yyyy)	
7. Age	8. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	9. Civil Status <input type="checkbox"/> Single (never married) <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated	
10. Home Address (include apartment number, street, city, state, province, postal zone and country)			
11. Home Telephone number and Fax/Email		12. Mobile/Cellphone number	13. Citizenship
14. Name and complete address of Senior High School		15. Track	16. Strand
17a. Do you identify yourself as a member of an Indigenous Community? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Name and complete address of College or University (for transfer applicants)			17b. If yes, please indicate the name of your community.
19. Preferred degree or program CHOICE 1:		20. Second preferred degree or program CHOICE 2:	21. When do you intend to start your studies? <input type="checkbox"/> 1 st Sem <input type="checkbox"/> 2 nd Sem SY: _____
22a. Father's Complete Name		22b. Father's Occupation	
23a. Mother's Complete Name		23b. Mother's Occupation	
24. I certify that I have read and understood all the instructions of the previous page and questions set forth in this application form and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading information or statement may result in the refusal of admission to the University.			
25. APPLICANT'S SIGNATURE: _____		26. DATE (dd-mm-yyyy): _____	

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ATENEO DE DAVAO UNIVERSITY

E. Jacinto St., 8016 Davao City, Republic of the Philippines

Tel +63 82 221 2411 local 8303 · Fax +63 82 226 4116 · Email admissions@addu.edu.ph · Web www.addu.edu.ph

This application form must be filled out and submitted by the applicant for the Qualifying Exam for Ateneo de Davao University College Students (QEAC). Forms with incomplete information will not be processed. All entries must be legible and verified by the Admissions Officer. The information you provide on this form is collected under the authority of the University Admission Policy to determine if you may be qualified to take the QEAC. It will be stored in the Admission Student Information Back FP5 Records and Case File for a maximum of four years. It is protected and accessible under the applicable privacy laws and the access to information laws of the Republic of the Philippines. This form can be downloaded at <http://www.addu.edu.ph>.