

Ateneo de Zamboanga Aniversity School of Medicine Zamboanga City

CHECKLIST FOR ADMISSION REQUIREMENTS

1. Application Fee	O.R. No.	
2. Accomplished Application Form	-	
3. Transcript of Record (photocopy)	_	
4. Certificate of Graduation (photocopy)	-	
5. NMAT Report at least 40% (photocopy)	-	
6. Certificate of Good Moral Characte	er (photocopy)	
7. Four copies of 2 x 2 Pictures (white back	kground)	
8. Birth Certificate (Photocopy)	-	

- * Provide three (3) sets of the admission requirements and submit to the SOM Registrar office.
- ***** *Bring the original copy of the documents.*



Ateneo de Zamboanga University **School of Medicine**

Application for Admission (All information will be held confidential)

PERSONAL DATA

Name	Nic	kn ame
	dle Name	
Date of Birth Place of Birth	Email Address _	
Sex Civil Status Religion	_ Citizenship	Ethnicity
If married: Name of Spouse		No. of Children
Address in Zamboanga City:	Home Address:	
Tal No. Makila No.	Tal No. Ma	hila No.
Tel. No: Mobile No:	Tel. No: Mo	
Father's Name		
Educational Attainment Mother's Name		
Educational Attainment		
Combined monthly income of parents		
Number of Siblings Age of Eldes		e of Youngest
Name	_	l Attainment
Language/Dialects Spoken at Home		
In Case of Emergency, Person to be notified:		
Name		
Address		

EDUCATIONAL BACKGROUND

School	l	Year Attended
Elementary		
C II		
Degree	Major	
Degree	Major	_
List other College Courses t	taken but not completed:	
Honors/Awards received in	college	
Extra and co-curriculum ac	etivities in college	
Extra and co-curriculum ac	uvities in conege	
Have you ever held a job? I	Describe what you did	
If you are presently employ	ed, what will you do about your job	?
	e of Community/Church Service or l ive also the position (s) you held/cor	

OTHER INFORMATION

In a short paragraph, describe you	ırself and your social	life.	
Describe briefly any hobbies, spor	ts and special skill tha	at you engage in a	nd how involved you are with
them.			
Please check where appropriate:			
Do you smoke?		() Yes	() No
Do you drink?		() Yes	() No
Have you ever been accused of sub	stance abuse?	() Yes () Yes () Yes	() No
Have you ever been seriously ill in	the past?		() No
Have you ever been in an accident	?		() No
Do you or any member of your far	nily have		
History of mental illness?		() Yes	() No
From whom did you learn about A	teneo de Zamboanga	University School	of Medicine?
() Newspaper	() Friend/Cla	nssmate	() Family Member
() Former Teacher	() Others		
What motivates you to pursue a m	edical career?		
Are there members of your family	or relatives who are	in the medical pro	fession?
() Yes Who?			
() No			
Did they influence your own caree	r choice?	() Yes	() No
Who will support you through you	r medical education?	•	
() Parents () Relatives	() Scholarshi	ip () Grant	

	be briefly any experience/training related to medicine you have had. Example: Red Cross eer Work, CPR, etc.
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-	
-	
-	
	brief statement of whether you would or you would not enjoy staying in a rural community as a doctor of the Ateneo de Zamboanga University School of Medicine
-	
-	
Describ	be briefly your idea of a good doctor
-	
-	
-	
Do you	expect to pursue further specialization in a certain field of medicine? Why?
-	
-	
-	
-	
	Applicants Signature