



South SEED - LPDH Colleges

Tropical Avenue corner Luxembourg St., Las Piñas City, Philippines, 1740
Tel. No. (632) 8256374 / 8208702 / 8208703 local 138 Telefax: (632) 8208709 / 8205161

Student Admission Process Sheet

Name: _____ Date of Application: _____

Program Applied for: _____ A.Y. _____ 1st Sem 2nd Sem Summer

Graduating High School Student New High School Graduate Transferee Second Course Taker

For graduating High School Student: Current School: _____

Address of School: _____ Telephone Number of School: _____

TO BE FILLED OUT BY THE DESIGNATED PERSONNEL	OFFICE ACCOUNTABLE
REQUIREMENTS SUBMITTED FOR ADMISSION TEST SCHEDULING <input type="checkbox"/> Accomplished Application Form <input type="checkbox"/> Copy of Transcript of Records (For Transferees) <input type="checkbox"/> Accomplished Student Information Sheet <input type="checkbox"/> Photocopy of High School Report Card (HS Graduating Students) <input type="checkbox"/> Photocopy of Birth Certificate <input type="checkbox"/> 4 pcs. 2x2 pictures (to be used for the forms)	RECEIVED BY: _____ Signature Date
ADMISSIONS / REGISTRATION OFFICE Schedule for Examination Time: _____ Date and Day: _____ Venue: _____	SCHEDULED BY: _____ Signature Date
TESTING CENTER <ul style="list-style-type: none"> Student to present receipt of Admission Processing Payment Guidance Office to forward to College Admissions Office the results of the Admission Test 	PSYCHOMETRICIAN _____ Signature Date TESTING CENTER OFFICER _____ Signature Date
ADMISSIONS / DEAN'S OFFICE Schedule for Interview Time: _____ Date and Day: _____ Venue: _____	SCHEDULED BY: _____ Signature Date
DEAN'S OFFICE (INTERVIEW & ASSESSMENT) Endorsed _____ Endorsed with Conditions _____ Not Endorsed _____ Comments _____	DEAN _____ Signature Date
ADMISSION DIRECTOR'S ACTION (for special cases) Status of Application Approved for Enrolment _____ Approved for Enrolment with Condition _____ Not Approved for Enrolment _____	COLLEGE DIRECTOR _____ Signature Date
DOCUMENTS SUBMITTED FOR REGISTRATION / ENROLMENT <input type="checkbox"/> Accomplished Recommendation Forms <input type="checkbox"/> Certificate of Honorable Dismissal <input type="checkbox"/> Transcript of Records (for Transferees) (for Transferee) <input type="checkbox"/> Description of subjects taken from previous college/university <input type="checkbox"/> Certificate of Good Moral Character <input type="checkbox"/> Form 138 (for HS Graduate Students) <input type="checkbox"/> Medical Certificate OTHER REQUIREMENTS FOR FOREIGNERS <input type="checkbox"/> ACR (Photocopy) / SSP <input type="checkbox"/> Parents' Pictures <input type="checkbox"/> Passport / Visa (Photocopy)	REGISTRAR RECEIVED BY: _____ Signature Date
REMARKS: <input type="checkbox"/> Has submitted all requirements <input type="checkbox"/> Lacks requirements, will submit requirements on: _____	