## **Student Housing and Residence Division**

Office of Student Services
SILLIMAN UNIVERSITY
Dumaguete City

# **APPLICATION FORM**

NOTE TO THE APPLICANT: Please accomplish this form as completely and as truthfully as possible. All information shall be treated in confidence. Show this form to your parents for verification and consent.

\_\_\_\_Semester, SY 20\_\_\_ - 20\_\_\_

#### **GENERAL INFORMATION**

(Please PRINT)

	(Please PRINT)		
Name			
Family Name First N	Name	Middle	
Gender Civil Status	Nationality	Religion	
Date of Birth	Place of Bir	th	
Complete Home Address			
House Number/Street Subd./Baranga	ау	Town/ City	
Province	Region	Country	Zip Code
Contact Information		Coophagl	
Landline Email Mobile Numbers		ғасероок	
(IMPORTANT NOTE: Please inform the SHI	RD Office when you		le numbers )
		g	
<u>EDUC</u>	ATIONAL BACKGF	ROUND	
Grade School			
Address	Year of Graduation		
Academic Awards Received:			
Junior High School			
Address	Year of Graduation		
Academic Awards Received:			
Senior High School			
Address	Year of Graduation		
Academic Awards Received:			
Student Leadership position:			
Community and /or Church Involvement_			
ı :			
Incoming Student : Course & Degre	e		
Current Student: Course & Degree			r Level
Exchange Student / Transferee: Course & Degree			r Level
School Location		Countr	·V
			J

#### FAMILY BACKGROUND

Name of Father				
Family Name	Given Name	Middle Name		
Living Yes No Nationality _	Religion			
	Contac	Contact Number		
Occupation	Address			
Name of Mother				
Name of MotherFamily Name	Given Name	Middle Name		
Family Name	Given Name	Middle Name		
Family Name	Given Name Religion			

(NOTE: please inform the SHRD Office when your parents have changed/updated their mobile numbers )

#### PERSONAL INFORMATION

1.	Write three characteristics you like best about yourself?				
2.	Write three characteristics about yourself you would like to improve on?				
3.	How do you spend your free time? (e.g. hobbies, sports, etc)				
4.	What are your talents or gifts that you would like to share in the dormitory?				
5.	List your illness(es), physical impairments or allergies (if there's any)				
	Blood type				
6.	Are you on medication No Yes. If yes, on what particular illness				
7	Please present your recent Medical certification that you are fit to stay in the dormitory.				
	Have you had training in First Aid / Emergency Response? NoYes, When Trainor				
	What time you do usually sleep?				
7. 10	Do you smoke? No Yes				
11	1. What do you consider to be the most difficult problem you have encountered so far? How did you handle'				
12	What are your expectations in the dorm? With your room-mates? With your dorm mates (most residents				
	in the dorm)? With the dorm management?				
	With Roommates				
	With Roominates				
	With dorm mates				
	With Dorm Management				

# Dormitory Violations and Sanctions

S A N

# Student Housing and Residence Division Office of Student Services

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SILLIMAN UNIVERSITY
Dumaguete City

### **AGREEMENT**

Realizing and accepting that residence in (name of dormitory)	_ for SY 20 20
is a matter of privilege and not of right, I, (name of resident)	
do hereby promise that I will abide by all the rules and policies of Silliman University and of the dor	mitory and likewise
promise that I will cooperate with the dormitory management in their efforts to make life in the do	rmitory harmonious

#### PARENTS' CONSENT

TO THE PARENTS: PLEASE GO THROUGH THE FILLED-OUT AGREEMENT BEFORE SIGNING. THANK YOU.

We hereby certify that the information given in the application is true and correct and you are hereby authorized to verify the same. We hereby subscribe to this Agreement for SY 20\_\_\_ - 20\_\_\_.

We understand that admission in the dormitory is a privilege and not a right and we shall abide the rules and policies implemented by the dormitory management.

We grant permission to our child, if accepted, to reside in the Silliman University dormitory and to participate in all course-related student activities/field trips sanctioned by Silliman University for the semester/school year indicated herein. We expect the Dormitory management to exert reasonable care and supervision of our child and will not hold them responsible for eventualities beyond their reasonable control. If, in the considered judgement of the