

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)

| | | | |
|---------------------|--------------------|----------------------|----------------|
| Name _____ | | | |
| Family Name | First Name | Middle Name | |
| Gender _____ | Civil Status _____ | Nationality _____ | Religion _____ |
| Date of Birth _____ | | Place of Birth _____ | |

| | | | |
|-----------------------|----------------|------------|----------|
| Complete Home Address | | | |
| House Number/Street | Subd./Barangay | Town/ City | |
| Province | Region | Country | Zip Code |

| | | |
|--|-------------|----------------|
| Contact Information | | |
| Landline _____ | Email _____ | Facebook _____ |
| Mobile Numbers _____ | | |
| (IMPORTANT NOTE: Please inform the SHRD Office when you change/update your mobile numbers) | | |

EDUCATIONAL BACKGROUND

| | |
|--|--------------------------|
| Grade School _____ | Year of Graduation _____ |
| Address _____ | |
| Academic Awards Received: _____ | |
| Junior High School _____ | Year of Graduation _____ |
| Address _____ | |
| Academic Awards Received: _____ | |
| Senior High School _____ | Year of Graduation _____ |
| Address _____ | |
| Academic Awards Received: _____ | |
| Student Leadership position: _____ | |
| Community and /or Church Involvement _____ | |
| _____ | |

| | | |
|-------------------------------------|-------------------------|------------------|
| ____ Incoming Student | : Course & Degree _____ | Year Level _____ |
| ____ Current Student: | Course & Degree _____ | Year Level _____ |
| ____ Exchange Student / Transferee: | Course & Degree _____ | Year Level _____ |
| School _____ | | |
| Location _____ Country _____ | | |

FAMILY BACKGROUND

Name of Father _____
Family Name _____ Given Name _____ Middle Name _____
Living ___ Yes ___ No Nationality _____ Religion _____
Complete Address _____ Contact Number _____
Occupation _____ Address _____

Name of Mother _____
Family Name _____ Given Name _____ Middle Name _____
Living ___ Yes ___ No Nationality _____ Religion _____
Complete Address _____ Contact Number _____
Occupation _____ Address _____

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

Dormitory Violations and Sanctions

S A N

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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 dormitory and likewise promise that I will cooperate with the dormitory management in their efforts to make life in the dormitory 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