UNIVERSITY OF SANTO TOMAS
ENROLLMENT SYSTEM

Program: _____

PERSONAL DATA SHEET
(Graduate School, Law, Medicine)

Student #: _____

LAST NAME	FIRST NAME	• MIDDLE NAME	AUXILIARY NAME (Sr, Jr, I, II, III, etc.)

STUDENT DETAILS:

City Address: _____

Zip Code: _____ Contact Nos.: _____ E-mail address: _____

Home Address: _____

Zip Code : _____ Region : _____

Birthday : _____ Age : _____

Birthplace : _____ Religion : _____

Citizenship : _____ Gender : _____

if alien, ACR # *(see Registrar)* : _____

Legal Status:
- ☐ Citizen of RP
- ☐ Permanent Resident
- ☐ Person granted permission to enter and remain as a student in RP on a visa for a defined period of time
- ☐ Person granted permission to enter and remain as a child or spouse of a worker on a visa for a defined period of time
- ☐ Other visa
- ☐ Legal status not known

Civil Status:
- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Annulled

☐ Working   ☐ Not Working
If working: Office/Bus. Tel. # : _____

FATHER'S INFORMATION:

Last Name : _____

First Name : _____

Middle Name : _____

Auxiliary Name : _____

Occupation/ Employment : _____

Educational Attainment : _____

Parent's Address : _____

Zipcode : _____

MOTHER'S INFORMATION:

Last Name : _____

First Name : _____

Middle Name : _____

Auxiliary Name : _____

Occupation/ Employment : _____

Educational Attainment : _____

Parent's Contact Nos.: _____

Contact Person in Case of Emergency (will be used for ID preparation):

Last Name : _____

First Name : _____

Middle Name : _____

Auxiliary Name : _____

Occupation/ Employment : _____

Address : _____

Zip Code : _____

Contact Nos. : _____

UST:S033-00-FO23