



APPLICATION FORM

PERSONAL INFORMATION

LAST NAME

Date of Birth (MM/DD/YYYY)

Age

FIRST NAME

Place of Birth

Citizenship

MIDDLE NAME

Present Mailing Address

Any other name(s) used on transcripts and other documents

Sex

M  
☐

F  
☐

Civil Status

SINGLE  
☐

MARRIED  
☐

WIDOWED  
☐

Permanent Address

CONTACT INFORMATION

Telephone No.

Mobile No.

Personal e-mail

Contact Person in Case of Emergency

Relationship to the Applicant

Contact No.

EMPLOYMENT INFORMATION

Name of Employment

Job Title

Business Address

Phone No.

Email:

Nature of Company/Employment

Private Company

Public/Gov't Corp

Self-employed

Family Business

Others (Please specify):

☐

☐

☐

☐

ENROLLMENT INFORMATION

Program you wish to pursue:

☐ MASTER OF LAWS (LLM)

☐ DOCTOR OF CIVIL LAW (DCL)

Academic year (AY) for which you  
are applying: 20 \_\_\_\_

☐ 1<sup>ST</sup> TERM

☐ 2<sup>ND</sup> TERM

Are you coming in as a scholar?

☐ YES ☐ NO

If YES, by what agency/by whom?

Form is subject to verification; falsification will result to automatic cancellation of application.  
\*\*All information entered into are certified to be correct by the applicant.  
\*\*Print this form in a legal sized bond paper (8.5x13) in printer in the best possible setting.



ACADEMIC BACKGROUND

Previous School (primary, secondary, tertiary, etc.)	Year Begun	Year Ended	Program	Major

Bar Examination Rating (if applicable)

Have you ever applied to this university?

☐ YES ☐ NO

If yes, when?

Term

Year

Have you ever attended this university?

☐ YES ☐ NO

If yes, when?

Term

Year

List Scholarships, fellowships, academic awards, honors, etc., received since tertiary level.

WORK BACKGROUND

Employer (Name of company)	Location	Position	Year Begun	Year Ended

I certify that I have personally filled out this form and that the information, to the best of my knowledge, is complete and accurate.  
I understand that all credentials submitted in support of this application become the property of the University and are not returnable.  
Therefore, I am applying for admission to the UST Graduate School of Law. Should I be admitted, I agree to abide by its school policies.

Signature over printed name

Date



Statement of Personal Qualification (Recommendation Confidential)

Dear (Mr. / Mrs.) : \_\_\_\_\_ Date (MM / DD/ YYYY): \_\_\_\_\_

Greetings!

The applicant listed below has designated you as an academic/employment reference/evaluator. Please take a moment to complete the questionnaire provided below, as it will aid us in evaluating the applicant's qualifications and capabilities more effectively.

Per protocol, the applicant is not permitted to hand-deliver the completed evaluation. Therefore, we kindly request that you send the referral form to us via the following methods:

Postal Mail: Dean’s Office, Graduate School of Law, University of Santo Tomas, Espana, Manila.  
Email: Please attach the completed form as a scanned PDF image (JPEG) to [enrollment.gslaw@ust.edu.ph](mailto:enrollment.gslaw@ust.edu.ph).

Your honest feedback is invaluable to us, and we sincerely appreciate your time and consideration in providing your remarks.

APPLICANT’S NAME: \_\_\_\_\_

PROGRAM: ☐ LLM ☐ DCL

REFERRAL QUESTIONS					
1. How long have you known the applicant?					
2. How did you come to know the applicant?					
3. Please comment on the applicant’s moral behavior.					
4. Please assess (by checking) the applicant in terms of:	OUTSTANDING	VERY GOOD	GOOD	FAIR	POOR
AREA	5	4	3	2	1
Critical Thinking					
Diligence Study / Work Habits					
Oral English Competence					
Leadership Ability					
Research Potential					

FURTHER COMMENTS

☐ I recommend the applicant's admission to the UST Graduate School of Law.

☐ I do not recommend the applicant's admission to the UST Graduate School of Law.

Evaluator's Printed Name

Tel. No. / Mobile (for verification purposes)

Position

Email

Name of Institution/Company

Date received:      Date returned:

Address

SIGNATURE