



Republic of the Philippines
BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
City of Naga
Telephone No. (054) 881-2231 Loc.128
Website: www.biscast.edu.ph E-mail Address: admission@biscast.edu.ph

1.5" x 1.5"
colored picture (your
most recent picture),
white background with
nameplate and signature

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS
ADMISSION AND TESTING CENTER

APPLICATION FOR COLLEGE ADMISSION
(TRANSFEREE/ SECOND COURSE APPLICANT)

BISCAST respects your right to privacy as it adheres to the Data Privacy Act of 2012 and all relevant to privacy and data protection laws.
By proceeding with this application email, you agree to have your personal details collected for the above mentioned purposes

To the Applicant,
Carefully read and answer completely the necessary details.
ONLY COMPLETE AND CORRECTLY FILLED-OUT FORMS will be accepted
and scheduled for the Admission Test.
PRINT ALL ENTRIES IN CAPITAL LETTERS.

Control No.
The Testing fee is waived as compliance with the
RA 10931 other known as the "Universal Access to
Quality Tertiary Education Act".

PERSONAL INFORMATION

Table with 3 columns: LAST NAME, FIRST NAME, MIDDLE NAME

SEX: Male Female DATE OF BIRTH: mm/dd/yyyy PLACE OF BIRTH:
AGE: CITIZENSHIP: Filipino Others: RELIGION:
CIVIL STATUS: SPOUSE (If applicable):
CONTACT NUMBER: EMAIL ADDRESS:
PERMANENT HOME ADDRESS: NUMBER AND STREET SUBDIVISION/BARANGAY CITY/TOWN & PROVINCE ZIP CODE

TALENT AND SKILLS:
DO YOU HAVE ANY HEALTH CONCERNS? None Yes, please specify:
PLEASE CHECK ALL THAT APPLIES:
Single Parent Working Student, specify work:
Person with Special Needs, please specify: Indigenous People, specify tribe:

PREVIOUS SCHOOL ATTENDED

NAME OF SCHOOL (COLLEGE):
ADDRESS:
COURSE TAKEN: LAST A.Y ATTENDED:
GENERAL WEIGHTED AVERAGE (GWA):
SHS TRACK/STRAND:
NAME OF SCHOOL (SHS):
DATE OF GRADUATION: HONORS/AWARDS RECEIVED:

FAMILY BACKGROUND

MOTHER'S MAIDEN NAME: CONTACT NO.:
OCCUPATION: EDUCATIONAL ATTAINMENT:
PLEASE CHECK ALL THAT APPLIES:
Single Parent Overseas Filipino Worker (OFW), country:
Person with Special Needs, please specify: Indigenous People, specify tribe:

FATHER'S NAME: _____ CONTACT NO.: _____

OCCUPATION: _____ EDUCATIONAL ATTAINMENT: _____

PLEASE CHECK ALL THAT APPLIES:

Single Parent

Overseas Filipino Worker (OFW), country: _____

Person with Special Needs, please specify: _____

Indigenous People, specify tribe: _____

GUARDIAN'S NAME: _____ CONTACT NO.: _____

RELATIONSHIP: _____

MONTHLY FAMILY INCOME:

Below Php 5,000.00

Php 15,000.00 – less than Php 20,000.00

Php 30,000.00 – less than Php 35,000.00

Php 5,000.00 – less than Php 10,000.00

Php 20,000.00 – less than Php 25,000.00

Php 35,000.00 – less than Php 50,000.00

Php 10,000.00 – less than Php 15,000.00

Php 25,000.00 – less than Php 30,000.00

Php 50,000.00 and above

NUMBER OF HOUSEHOLD MEMBERS: _____ NUMBER OF SIBLINGS: _____ BIRTH ORDER: 1st 2nd _____

NAME OF SIBLINGS	AGE	OCCUPATION	NAME OF SIBLINGS	AGE	OCCUPATION

OTHER INFORMATION

PREFERRED PROGRAM IN BISCAS: *(Please check the college and indicate the specific program)*

First Choice: CAD COE CAS CTT CEng _____

Second Choice: CAD COE CAS CTT CEng _____

WHAT IS/ARE YOUR REASON/S FOR TRANSFERRING?

WHY DO YOU WANT TO STUDY IN BISCAS?

CONTACT PERSON IN CASE OF EMERGENCY:

COMPLETE NAME: _____ CONTACT NUMBER: _____

RELATIONSHIP: _____

CERTIFICATION

I hereby certify that all the information herein provided are true and correct and that I shall abide by the policies/guidelines governing admission to the Bicol State College of Applied Sciences and Technology (BISCAS).

I further certify that I have never been enrolled in any course/subject/s beyond high school and if any of the further information indicated herein is found out to be false and incorrect, my application for admission to BISCAS will be null and void and that BISCAS is not in any way responsible for the misinterpretations I have declared.

SIGNATURE OVER PRINTED NAME OF THE APPLICANT

SIGNATURE OVER PRINTED NAME OF THE PARENT/GUARDIAN