

FORM No. 1

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|   | <p>AGO MEDICAL AND EDUCATIONAL CENTER</p> <p>Graduate School - Master of Science in Public Health</p> <p>Legazpi City</p> |
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ADMISSION FORM

To all Applicants

This application form must be completed and submitted along with the following documents enumerated below, to the office of the Dean of the AMEC Graduate School- Master of Science in Public Health. This must be submitted upon enrolment for the 1st semester or on the 2nd semester of a given school year.

Documents are:

- i. One original copy of the Transcript of Records and College Diploma from the College previously attended
- ii. For graduates of a Private College/University, one (1) photocopy of Special Order
- iii. Honorable Dismissal from College/University [previously attended
- iv. Original Birth Certificate from the NSO
- v. 4 pcs. Passport size picture
- vi. 2 pcs. mailing envelopes
- vii. 1 long brown envelope

Additional requirements for foreign students:

- viii. Certificate of English Proficiency. The required TOEFL score for admission is 460

(This form must be printed on A4-sized paper)

| I. Personal Information | | |
|--|-------------------|-------------------------------|
| 1. Name: _____ | _____ | _____ |
| Surname | First name | Middle name |
| 2. Date of Birth | 3. Place of Birth | 4. Sex [] Female [] Male |
| 5. Civil Status: [] Singles [] Married [] Widow/er [] Living-in [] Separated | | |
| 6. Present Address: | | |
| _____ | _____ | _____ |
| House No. | Blk and/or Street | Subdivision |
| _____ | _____ | _____ |
| Name of Barangay | City/Municipality | |
| _____ | _____ | _____ |
| Province | Zip Code | |

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| 7. Mobile phone No.: | Landline phone no.: | E-mail address: |
| 8. Profession | | Current Position/Designation |
| 9. if employed, name of agency or company: | | If self-employed, name of business |
| 10. employer's (agency) mailing address | | |
| _____ | | _____ |
| House No. and/or Name of Blk or Street | City/Municipality | |
| _____ | _____ | _____ |
| Province/State | Zip Code | Country |

| II. Academic Background | | |
|---|------------------------|---------------|
| 11. Name of School/College/University Attended (starting from an undergraduate) | Degree Earned/Received | Date Received |
| | | |
| | | |
| | | |
| 12. Semester in which you are applying to the AMEC Graduate School | | |
| <input type="checkbox"/> First Semester SY 20____ to 20____ <input type="checkbox"/> Second Semester SY 20____ to 20____ | | |
| 13. Have you been enrolled in the AMEC Graduate School before? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, When _____ | | |
| 14. Have you received a scholarship, award, or any recognition in the past? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____ <div style="text-align: center;">When _____</div> Award-giving agency _____ | | |

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| <p>15. Have you published any article in the past? [] No [] Yes, please specify _____</p> <p>Write below, at least one (1) most recent publications you have written Title: _____ _____ _____ Name of Journal: _____ Year published: _____</p> | |
| <p>16. What are your plans after you have completed your study in MSPH</p> | |
| <p>17. MSPH will require you to have a research project or a thesis as a requirement for graduation. What research topic are you interested in pursuing as your thesis/research project? What contribution will it contribute to health?</p> | |

Print Name and Signature of Applicant

Date Accomplished: _____

Please attach your recent 2x2 picture with collar against a white background

Use a glue or paste.

DO NOT STAPLE THE PICTURE

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Evaluation of Documents Received from the Applicant

Name of Applicant: _____

Profession: _____

Documents submitted: Check which is present

| | |
|--------------------------|---|
| <input type="checkbox"/> | One original copy of the Transcript of Records |
| <input type="checkbox"/> | College Diploma from the College previously attended |
| <input type="checkbox"/> | For graduates of a Private College/University, one (1) photocopy of Special Order |
| <input type="checkbox"/> | Honorable Dismissal from College/University [previously attended] |
| <input type="checkbox"/> | Original Birth Certificate from the NSO |
| <input type="checkbox"/> | 4 pcs. Passport-size picture |
| <input type="checkbox"/> | 2 pcs. mailing envelopes |
| <input type="checkbox"/> | 1 long brown envelope |

General observation of the Applicant during the interview, and based on the answers to nos. 16 and 17

| | |
|---------------------------|--|
| Recommended Action | Approved as: <input type="checkbox"/> regular admission <input type="checkbox"/> probationary, awaiting completion of required documents |
|---------------------------|--|

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| Interviewed by: (Dean or Assistant Dean of the Graduate School) | _____ Signature over Printed Name and official Designation |
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