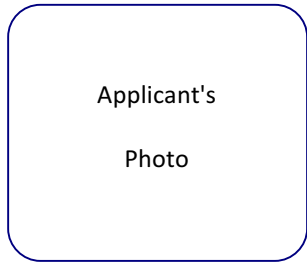




**Graduate Program  
School of Management**  
University of the Philippines Cebu  
Lahug, Cebu City



**APPLICATION FOR ADMISSION**

**Important:**

1. Type or print the required information.
2. Submit together with this application your Official Transcript of Records (TOR) from each of the colleges you have attended. If this is not possible, please request the appropriate official TOR from your college(s) to send two copies, original and photocopy, to the *College Secretary, School of Management, UP Cebu, Lahug, Cebu City*. Early submission of these documents will facilitate action on your application.
3. Include the statement of purpose in pursuing the degree (Master of Business Administration).
4. Request from three (3) separate referees (blank form enclosed) Recommendation for Admission (*to be sent directly by the referees to the MBA Program Coordinator, School of Management, UP Cebu, Lahug, Cebu City*).
5. Prepare the processing fee of Php 100.00 and MPAT Fee of Php 600.00

1. Name		
<u>Family Name</u>	<u>First Name</u>	<u>Middle Name/Maiden Name</u>
2. Citizenship:		3. Age as of date of application:
4. Permanent address:		5. Telephone number(s):
6. Present mailing address:		7. Telephone number(s):
8. E-mail address:		9. Mobile phone number(s)
10. Occupation/ Organization or Institution affiliation:		
11. Civil Status:	12. Sex	13. Number of dependent(s):
14. Date of birth:		15. Place of birth:
16. Father's name:		17. Mother's name:
18. Name of nearest relative to be contacted in case of emergency:		
19. Address:		20. Telephone number(s):
21. Application for the degree:  Master of Business Administration		22. Means of support for the duration of study: [ ] Self [ ] Scholarship, specify _____ [ ] Others, specify _____
23. Collegiate extra-curricular activities in order of importance to you		
<b>Organization</b>	<b>Position</b>	<b>Inclusive Dates</b>
24. Professional and Civil Service Examination(s) Taken:		
Title of Examination	Date Taken	Rating



29. Professional experience (Present and previous employment)				
	Title/Position/Brief Description of Responsibilities	Institution/ Address/ Telephone Number(s)	Inclusive engagement dates	
			From	To
P r e s e n t				
P r e v i o u s				

30. Professional Articles Published:		
Title of Publication	Journal/ Magazine	Date

31. Membership in Professional and Community Organizations			
Organization	Nature of Organization	Position Held	Inclusive Dates

32. Leisure Time Activities:	
a.	c.
b.	d.

33. Leadership Qualities and Experiences: Please describe one or two situations in which you felt your leadership skills were tested and appreciated. These situations may be taken from family, school, business and community life. Explain briefly what you significantly learned from the experience.

34. Career Preferences: Discuss briefly the vocation or profession, other than management, which you may have seriously considered and state the corresponding reasons therein.

35. References: List down the names and addresses of your present and previous employers and professors whom you can request to be your referees. Request them to fill out the Recommendation for Admission. Please note that the forms you are to give to them are to be mailed directly by them to the *MBA Program Coordinator, School of Management, University of the Philippines Cebu, Lahug, Cebu City*. Please note that it is your responsibility to check with your referees to assure prompt submission of their recommendation.

	Name	Position	Institution/Address
1			
2			
3			

36. Other Information: The space below is provided for you to discuss any matter other than the items of information already requested, which you believe will strengthen your application for admissions to the Master of Business Administration.

37. On a separate sheet (in 150-200 words, Arial font size 11, 1.5 spacing), state your purpose in pursuing the degree Master of Business Administration by the School of Management, UP Cebu.

I hereby certify that the above items of information provided are true to the best of my knowledge. It is understood that upon my admission to the Master of Business Administration program offered by the School of Management, UP Cebu, I shall be governed by the standing rules and regulations of the College and the University of the Philippines Systems.

\_\_\_\_\_  
**Applicant's Name (Print and Sign)**

\_\_\_\_\_  
**Date**



**Graduate Program  
School of Management**  
University of the Philippines  
Lahug, Cebu City

## Recommendation for Admission

**TO THE APPLICANT:** You may reproduce this form and give one copy to each of the three referees whom you have listed in the application form for graduate admission. Be sure to attach a self-addressed stamped envelope for the convenience of the referees. Please note that the forms you are to give to them are to be **mailed directly by them** to the **MBA Program Coordinator, School of Management, University of the Philippines Cebu**. Please also note that it is your responsibility to check with your referees to assure prompt submission of their recommendation.

### Recommendation for Admission

#### On behalf of the applicant:

Printed Name: \_\_\_\_\_  
Last First Middle (Maiden)

**TO THE REFEREE:** The University of the Philippines Cebu, School of Management will appreciate an honest evaluation from you concerning the applicant, stating how long and in what connection you have known him or her, your estimate of the applicant's character, and his or her qualifications for advanced study in the chosen field. Please use the space below.

This form may be photocopied

## Evaluation of the Applicant

Applicant's Printed Name: \_\_\_\_\_  
Last
First
Middle(Maiden)

Please indicate the appropriate box below with an **X**

Qualification	Excellent Upper 10	Good Upper 20%	Satisfactory Upper 50%	Below Average Lower 50%	No basis for judgement
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge in subject of proposed study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquisitiveness and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential as candidate for MBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR ACADEMIC REFEREES:** If the applicant applied for graduate school in your own department, how would you vote? *(Please indicate your response even if your department has not graduate program)*

*Would not accept*

*Would accept*

Evaluator's Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Thank you for taking time in helping the University of the Philippines Cebu School of Management evaluate the applicant. Please send the completed form directly to the **MBA Program Coordinator, School of Management, University of the Philippines Cebu, Gorordo Avenue, Cebu City, 6000**. This evaluation form is **confidential and should not be returned to the applicant**.