



UNIVERSITY OF THE PHILIPPINES CEBU

Graduate Program, School of Management
Lahug, Cebu City

**SCHOOL OF MANAGEMENT MBA FORM 1
APPLICATION FOR ADMISSION**

IMPORTANT:

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

1. Name		
_____	_____	_____
<i>Family Name</i>	<i>First Name</i>	<i>Middle Name/Maiden Name</i>
2. Citizenship _____		3. Age as of application date _____
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 _____		11. Organization or Institution affiliation: _____
12. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	13. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	14. Number of dependent(s) _____
15. Date of birth _____	16. Place of birth _____	
17. Father's name _____		
18. Mother's name _____		
19. Name of nearest relative to be contacted in case of emergency _____		20. Relationship _____
21. Address _____		22. Telephone number(s) _____
23. Application for the degree Master of Business Administration		24. Means of support for the duration of study <input type="checkbox"/> Self-funded <input type="checkbox"/> Scholarship, <i>specify</i> _____ <input type="checkbox"/> Others, <i>specify</i> _____
25. Collegiate extracurricular activities, in order of importance to you		
Organization	Position	Inclusive Dates
26. Professional and Civil Service Examination(s) taken:		
Title of Examination	Date Taken	Rating

31. Professional Experience (*present and previous employment*)

	Title / Position / Brief Description of Responsibilities	Institution / Address / Telephone Number(s)	Inclusive Engagement Dates	
			From	To
<i>present</i>				
<i>previous</i>				

32. Professional Articles and Publications

Title of Publication	Journal/ Magazine	Date

33. Membership in Professional and Community Organizations

Organization	Nature of Organization	Position Held	Inclusive Dates

34. Leisure Time Activities

- a. _____ c. _____
 b. _____ d. _____

35. 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 significant lessons you learned from the experience.

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

37. References: List down the names and addresses of your present and previous employers and professors you have requested to be your referees. Request them to fill out the Recommendation for Admission. Please note that the evaluation forms should be mailed directly by them to the *Dean, School of Management, University of the Philippines Cebu, Gorordo Avenue, Lahug, Cebu City*. It is your responsibility to check with your references to assure prompt submission of their recommendations.

	Name	Position	Institution/Address
1.			
2.			
3.			

38. 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.

39. 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 in 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, University of the Philippines Cebu, I shall be governed by the standing rules and regulations of the School of Management, UP Cebu, and the University of the Philippines Systems.

_____ **Applicant's Name** (*Print and Sign*)

_____ **Date**

Action on Application

Equivalent GPA/GWA: _____

GPAT Entrance Exam: _____ Essay: _____

For Admission		Interview	Final Score
Dean:			
Member			
Member			
Average			

Date: _____



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SCHOOL OF MANAGEMENT MBA FORM 2 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:

Name of Applicant (*please print*)

Family Name

First Name

Middle Name/Maiden Name

TO THE REFEREE: Please evaluate the applicant, stating how long and in what capacity 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. The University of the Philippines Cebu, School of Management appreciates an honest evaluation. Please use the space below for your evaluation.

Evaluation of the Applicant

Name of Applicant (*please print*)

Family Name

First Name

Middle Name/Maiden Name

Please indicate the appropriate box below with an X

Qualification	Excellent	Good	Satisfactory	Below Average	No basis for judgement
	<i>Upper 10%</i>	<i>Upper 20%</i>	<i>Upper 50%</i>	<i>Lower 50%</i>	
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"/>

ACADEMIC REFEREES ONLY: If the applicant applied for to enroll graduate school in your own department, how would you vote?
(Please indicate your response even if your department does not have a graduate program.)

Would accept

Would not accept

Evaluator's Name and Signature: _____ Date: _____

Position: _____ Institution: _____

Thank you for taking the time to help 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, Lahug, Cebu City, Philippines 6000**. This evaluation form is **confidential and should not be returned to the applicant**.