



LAW ADMISSION TEST APPLICATION FORM

_____ SEMESTER S.Y. _____ - _____

TO THE APPLICANT:

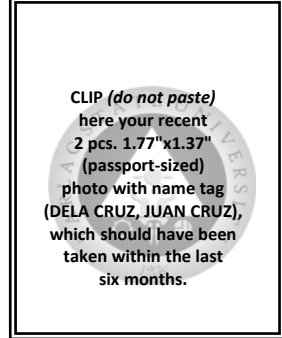
Read instructions carefully before filling out this form. PRINT legibly all information required. Place \checkmark marks in appropriate boxes. Only correctly and completely filled form will be accepted for processing.

Application No. _____

1. NAME OF APPLICANT: Print or type your full name in the following sequence: LAST NAME, FIRST NAME, MIDDLE NAME.

Place one letter in each box. Leave one box blank between names.

LAST																					
FIRST																					
MIDDLE																				Extension Name (Jr./I/II/III)	



2. DATE OF BIRTH: MONTH - DAY - YEAR

3. PLACE OF BIRTH: CITY/TOWN, PROVINCE

4. GENDER FEMALE MALE 5. RELIGION 6. NATIONALITY

7. CONTACT NO.(s) 8. EMAIL ADDRESS

9. PERMANENT ADDRESS POSTAL CODE

10. FATHER OCCUPATION COMPANY & ADDRESS CONTACT NO.(s)	11. MOTHER OCCUPATION COMPANY & ADDRESS CONTACT NO.(s)	12. Spouse (if married) ADDRESS CONTACT NO.(s) OCCUPATION
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13. COLLEGE (where you completed your college education)

DEGREE EARNED (DO NOT ABBREVIATE)

SCHOOL NAME (DO NOT ABBREVIATE)

ADDRESS (Barangay, City/Town, Province)

INCLUSIVE DATES REGION

OATH

I hereby certify that all the information supplied in this application form for TSULAT are complete and accurate. I understand that any false information will disqualify me from being admitted to the University.

SIGNATURE OF APPLICANT _____ DATE _____

I hereby certify that all the information contained in this form are true and correct.

*DO NOT WRITE ANYTHING BELOW FOR GCO AND CASHIERING USE ONLY

*REQUIREMENTS SUBMITTED <input type="checkbox"/> Photocopy of Official Transcript of Records <input type="checkbox"/> Photocopy of Certificate of Good Moral Character <input type="checkbox"/> Photocopy of Authenticated Birth Certificate (NSO) <input type="checkbox"/> 2 pcs. identical 1.77"x1.37" (studio taken) <input type="checkbox"/> Non-refundable Testing Fee (paid at the Cashiering Office)	ASSESSMENT #: <input type="text"/>	*FOR TESTING: VENUE: COLLEGE OF PUBLIC ADMINISTRATION EXAMINATION DATE: <input type="text"/> ROOM NO.: <input type="text"/> AMOUNT PAID: P 1,000.00 TIME: <input type="text"/> O.R. #: <input type="text"/>
	FOR CASHIERING: <input type="text"/>	

Form No.: TSU-GUI-SF-17 Revision No.: 00 Effectivity Date: June 24, 2016 Page 1 of 1



*TO BE FILLED OUT ONLY BY TESTING PERSONNEL AUTHORIZED TO RECEIVE AND/OR PROCESS APPLICATIONS.

TARLAC STATE UNIVERSITY LAW ADMISSION TEST PERMIT

NAME: _____

SCHOOL: _____

DATE OF TEST: _____ TIME: _____

VENUE: COLLEGE OF PUBLIC ADMINISTRATION ROOM NO.: _____

O.R. #: _____

- Bring the following:
1. Test Permit
 2. 2 pcs. Lead pencil No.2
 3. Identification Card

ASSEMBLY MEETING:
Infront of the University Testing Center

NOTE: 1. LATE EXAMINEES will not be allowed to take the TEST. Please come 30 minutes before your scheduled time.
2. Failure to come on the scheduled date and time will mean forfeiture of slot and testing fee.