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|  | Republic of the Philippines ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY ILOILO CITY CAMPUS La Paz, Iloilo City | Department: | Office of the University Registrar and Admission |
| | PERSONAL HISTORY STATEMENT | Document Code | QF-OURA-029 |
| | | Revision No.: Effective Date: | 00 August 15, 2023 |

Instruction: Please accomplish completely and submit to the Iloilo Science and Technology University, Office of the University Registrar and Admission upon application.

I. PERSONAL INFORMATION

| | | | | | |
|---|--|---------------|--|----------------|--|
| Family Name | | First Name | | Middle Name | |
| Name in Native Language Character | | | | | |
| If Married: Woman, Please State Maiden Name | | | | | |
| If Man, Please State Name of Spouse | | | | | |
| Permanent Address in Abroad | | | | | |
| Address in the Philippines | | | | | |
| Age | | Date of Birth | | Place of Birth | |
| Citizenship | | Religion | | | |

II. PHYSICAL DESCRIPTION

| | | | | | |
|--|--|-------------------------------|--|------------|--|
| Sex | | Height | | Weight | |
| Eyes | | Hair | | Complexion | |
| Built | | Other Distinguishing Features | | | |
| Physical Handicap or Disability (if any) | | | | | |

III. FAMILY INFORMATION

| | | | |
|----------------|--|------------------|--|
| Name of Father | | | |
| Name of Mother | | | |
| Address | | Telephone Number | |

IV. EDUCATIONAL INFORMATION

| Level of Education | Name of School | Date of Attendance | Course Finished |
|--------------------|----------------|--------------------|-----------------|
| Elementary | | | |
| Secondary | | | |
| Baccalaureate | | | |
| Post-Baccalaureate | | | |
| Advanced Education | | | |

V. GENERAL QUALIFICATION

| Language | General Proficiency (Oral or Written) |
|----------|---------------------------------------|
| | |
| | |
| | |
| Hobbies | Sports |

VI. COURSE INFORMATION

| | | | |
|---------------------|----------------------|-----------------------|---------------|
| Course Applied | | | |
| Term (Please Check) | _____ First Semester | _____ Second Semester | _____ Midyear |
| Academic Year | | | |

I affix my signature to certify the accuracy and correctness of the Information provided above:

Signed at _____ Date _____

Signature of Applicant

