UNIVERSITY OF ASIA AND THE PACIFIC
ADMISSIONS OFFICE

6-YEAR INTEGRATED PROGRAM (Junior College)

School Record Form

Name of student _____
Last/Family First/Given Middle/Complete

Name of school _____

Complete school address _____

School's telephone/ fax number _____ School's email address _____

INSTRUCTIONS

To the Applicant: Write your name above. Give this form to your School Registrar. Supply him/her with an envelope.

To the Registrar: After filling out this form, please put it in an envelope, seal and sign the flap and return to the applicant. All information will be kept confidential. Thank you for your assistance.

SCHOOL RECORD

1. Applicant's academic ranking in the batch:

☐ Top 10% ☐ Top 25% ☐ Middle 50% ☐ Lower 25%

2. Academic performance:

In case student came from a different school, write the name and address of the school in these spaces

	Grade 8 SY ____ - ____	Grade 9 SY ____ - ____	Grade 10 SY ____ - ____
	Final grade	**Final grade**	1st term grade
SUBJECTS			
English			
Math			
Science			
Social Studies			

3. Type of school

☐ Public ☐ Private / Sectarian
☐ State University ☐ Private / Non-sectarian

Please affix school dry seal here

Registrar's signature _____

Date _____

Registrar's name _____
(Please print)

UPDATED July 2017