Republic of Philippines

## TARLAC STATE UNIVERSITY UNIVERSITY TESTING CENTER

Romulo Boulevard, Tarlac City 2300

## 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  $\sqrt{\ }$  marks in

1. NAME OF APPLICANT:Print or type your full name	in the following sequence:LAST NA	ME, FIRST NAME, MIDDLE NAME.	Application No.  (for testing use only)		
Place one letter in each box. Leave one box blank between name					
LAST			SATEUA		
		<del>                                     </del>	CLIP (do not paste)		
FIRST			here your recent		
MIDDLE		Extension Name (Jr./I/II/III)	studio 2"x2" photo, which should have		
. DATE OF BIRTH	3. PLACE OF BIRTH		been taken within the last six months.		
MONTH DAY YEAR  4. GENDER □ FEMALE □ MALE 5. RELIGION	6. NATION	CITY/TOWN, PROVINCE ALITY	1906		
7.CONTACT NO.(s)	8. EMAIL ADDRESS				
). PERMANENT ADDRESS			POSTAL CODE		
0. FATHER	11. MOTHER	12. Spouse (if married)			
OCCUPATION	OCCUPATION				
COMPANY & ADDRESS  COMPANY & ADDRESS  COMPANY & ADDRESS			ADDRESS  CONTACT NO.(s)		
CONTACT NO.(s)	CONTACT NO.(s)		OCCUPATION		
13. COLLEGE (where you completed your college education)	<b>1</b>		J		
DEGREE EARNED (DO NOT ABBREVIATE)		OATH			
SCHOOL NAME (DO NOT ABBREVIATE)		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.			
ADDRESS (Barangay, City/Town, Province)					
22.230 (Samiga), Soly (Oni, 10thic)		010111			
	SIGNATURE O		F APPLICANT DATE		
NCLUSIVE DATES	REGION	I hereby certify that all	the information contained in this form are true and correct.		
*DO NOT WRIT	E ANYTHING FOR ABO	D/CASHIERING and TEST	ING USE ONLY		
REQUIREMENTS SUBMITTED	*FOR ABO:		*FOR TESTING:		
Photocopy of Official Transcript of Records			VENUE: COLLEGE OF PUBLIC ADMINISTRATION		
Photocopy of Certificate of Good Moral Character	*FOR CASHIERING:		EXAMINATION DATE: ROOM NO.:		
TDL . (A.d ID: 1 C:C (NCO)					
Photocopy of Authenticated Birth Certificate (NSO)					
2 pcs. 2"x 2" picture (studio taken - in standard size)			AMOUNT PAID: P 1,000.00 TIME:		



"TO BE FILLED OUT ONLY BY TESTING PERSONNEL AUTHOR	RIZED TO RECEIVE AND/O	R PROCESS APPLICATION
TARLAC STATE UNIVERSITY	Y	
LAW ADMISSION TEST PERI	Bring the following:	
NAME:		1. Test Permit
SCHOOL:		2. 2 pcs. Lead pencil No.2
DATE OF TEST:	TIME:	3. Ballpen (black/blue)
VENUE: COLLEGE OF PUBLIC ADMINISTRATION	ROOM NO.:	4. Identification Card
CLAIM DATE:	O.R. #:	ASSEMBLY MEETING:

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.

Infront of the University Testing Center