



MARINERS'

POLYTECHNIC COLLEGES FOUNDATION
OF LEGASPI CITY (ALBAY) INC.
LEGASPI CITY, ALBAY

1 x 1
Picture

ADMISSION TEST APPLICATION FORM

PERSONAL INFORMATION

APPLICANT NO.:

INSTRUCTIONS:

1. Completely fill-out this Admission Test Application Form using BLACK PEN and please attach 2 pieces of your recent 1x1 picture.
2. Pay the NON-REFUNDABLE Testing Fee of Php 250.00 at the Cashier's Office, 2nd floor, MPCF-LC Main Building.
3. Present to the Guidance Office the OFFICIAL RECIEPT together with the fully accomplished Admission Test Application Form. Make sure you submit your Admission Test Application Form at least one (1) week before your intended date of examination.
4. Take the exam on your scheduled date and time. Present your Test Permit and a valid I.D. on the date of examination.

O. R. NUMBER:

APPLICANT'S STATUS

Year/Grade Last Attended _____

EXAMINATION TYPE:

- COLLEGE ADMISSION TEST (MCAT)
 SHS ADMISSION TEST (MSAT)

- FRESHMAN TRANSFEREE _____
 RETURNEE 2nd COURSER _____
Program/Strand _____

LAST NAME FIRST NAME MIDDLE NAME NAME EXTENSION

DATE OF BIRTH (MM-DD-YYYY) APPLICANT'S CONTACT NO. PARENT/GUARDIAN CONTACT NO.

FATHER'S NAME

MOTHER'S NAME

STREET/BARANGAY CITY/MUNICIPALITY PROVINCE

ADDRESS

PREVIOUS SCHOOL ATTENDED

NAME OF SCHOOL

SCHOOL ADDRESS

For College Applicants Only

- BASIC ED CURRICULUM GRADUATE
 K TO 12 CURRICULUM GRADUATE
 ALS GRADUATE Others _____

SHS TRACK AND STRAND TAKEN (if SHS Graduate)

PROGRAM PREFERENCES (FOR COLLEGE) *Please include at least one (1) business program

FIRST CHOICE

SECOND CHOICE

TRACK AND STRAND PREFERENCES (FOR SENIOR HIGH SCHOOL)

TRACK

STRAND

FIRST CHOICE

SECOND CHOICE

QUICK SURVEY: How did you find us?

- Advertisement Flyers Others (Pls. specify) _____
 Career Guidance Social Media Recommended by Student Employee Alumni

I hereby certify that the above information are true and correct.

Signature Over Printed Name

Date



(052) 482-0997

(052) 482-0166



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