

DEMOGRAPHIC PROFILE

- Freshmen Second Courser
 Transferee Graduate School
 Old Student

NOTE: All information is considered **CONFIDENTIAL**. Please print.

Semester: _____ SY: _____ Year Level: _____

Course: _____

Recent 2x2 ID

*Full Name: (Surname/First Name/Middle Name)

*Date of Birth:

Place of Birth:

*Sex:

Male Female

Civil Status:

Single Married

Age:

*Citizenship

*Religion:

Ethnic Group: (Ex. Bilaan, Manobo, etc...)

*Mailing Address: (Complete)

Guardian's Information:

Name: _____

Contact No.: _____

Address: _____

If you are working, please indicate below:

Name of Employer: _____

Office Address: _____

Contact No.: _____

Working (Check one): Full-time Part-time

Check below your reason for choosing to study at CMC:

affordable parent's choice available course scholarship convenient schedule personal choice accessibility term system

Others (please write your reason): _____

Person/s supporting your studies:

Myself Parents Aunt/Uncle Others, please specify: _____

If you are a CMC scholar, please specify the scholarship:

I. Family Background

FATHER

Name: _____

Contact No.: _____

Occupation: _____

Employer: _____

MOTHER

Name: _____

Contact No.: _____

Occupation: _____

Employer: _____

Name of Brother/Sister

Sex

Studying in CMC?

Graduate of CMC?

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

II. Educational Background

A. Schools Attended

1. Elementary School: _____
Address: _____
Type of School: Private Religious Private Non-Religious Public
Year Graduated: _____
2. High School: _____
Address: _____
Type of School: Private Religious Private Non-Religious Public
Year Graduated: _____
3. Last School Attended (For Transferees): _____
Address: _____
Type of School: Private Religious Private Non-Religious Public
Semester and SY last attended: _____

B. Awards Received

Sponsor

Date

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

III. Career Choice/Plans

a. My course choices:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

b. My course major is chosen by my: self parents relatives friends sponsors

c. I choose my course or major for it will give me a chance to:

- | | | |
|---|---|--|
| <input type="checkbox"/> work abroad | <input type="checkbox"/> help my family financially | <input type="checkbox"/> travel/have adventure |
| <input type="checkbox"/> earn more money | <input type="checkbox"/> put up my own business | <input type="checkbox"/> no particular reason |
| <input type="checkbox"/> serve others | <input type="checkbox"/> meet people | <input type="checkbox"/> have power/prestige |
| <input type="checkbox"/> Others (please write on the space below the reasons for choosing the course) | | |

IV. Self

a. I share my problems with: parents brother/sister friends teacher others: _____

b. I live: alone with husband/wife
 with parents with friends
 with guardians

c. Type of Residence in the city

boarding house apartment
 dormitory family house

V. Health

a. State of Health (Check one below) physically fit physically unfit under medication

b. Date of last visit to the doctor: _____

Doctor's Findings: _____

VI. Problems of Difficulties

Identify which of the items below present a problem or difficulty of you.

- | | | |
|--|--|--|
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Undecided regarding course |
| <input type="checkbox"/> Parents / brothers / sisters | <input type="checkbox"/> Study Habits | <input type="checkbox"/> Privacy/Freedom |
| <input type="checkbox"/> My appearance | <input type="checkbox"/> Friends / Relationship / Love | <input type="checkbox"/> Diet/Drugs/Smoking/Drinking |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Work Schedule | <input type="checkbox"/> Not interested in course |
| <input type="checkbox"/> Health | <input type="checkbox"/> Financies | |
| <input type="checkbox"/> Others, please specify: _____ | | |