APPLICATION FOR
GRADUATE COLLEGE ADMISSION TEST (GCAT)

O.R. No. _____________

Name (Print): ____________________________________________________ Age: ______ Sex: ______

Mailing Address: __________________________________________________________________________________________________________

Telephone No: __________________ Mobile No. __________________ E-mail Address: ________________________

Date of Birth: __________________________________ Place of Birth: _______________________

Present Employment: __________________________________ Position: _____________________________

School/Company Address: __________________________________ Tel. No. ____________________________

Bachelor's Degree: ___________________________ University / College: __________________________

Year Graduated: __________________________ CTP/18 Units of Education obtained at: ______________________

Year Graduated: __________________________ Master's Degree (for Doctoral applicant): ______________________

University / College: __________________________

Program Preferences: First Choice: ______________________ Second Choice: ______________________

First time to take the GCAT? [ ] Yes [ ] No

If NO, how many times have you taken the GCAT? __________

When was the last time you took the GCAT? ______________________

To the Director of Admissions:

The above applicant is qualified/allowed to take the GCAT on __________________________.

________________________________
Program Adviser

PERMIT TO TAKE THE GRADUATE COLLEGE ADMISSION TEST (GCAT)

TO THE EXAMINER:

Mr./Ms. __________________________________________ whose signature appears below is hereby permitted to take the

Graduate Studies Admission Test (GCAT) on _______________________ at ______________ in Room ______________.

________________________________
BETTINA PHILOMENA M. SEDILLA, Ph.D.
Director

Signature of Applicant

NOTE TO THE EXAMINEE:

Please present this test permit to the Examiner in the room where you are assigned.

Bring pencil (Mongol No. 2)

Release of Test Result will be on ______________________

EXAMINATION RESULT

[ ] Passed [ ] Failed

Issued by: __________________ Date: __________________