SANTA ISABEL COLLEGE - MANILA
210 TAFT AVENUE, MANILA, PHILIPPINES
TEL. NOS.: (02) 525-94-16 to 21
Fax No.: (02) 524-73-40
www.santaisabel.edu.ph

APPLICATION FORM FOR SIC ADMISSION TEST (SICAT)

STEP 1: Secure and accomplish an application form for the SICAT.

Please check: ❑ Freshmen ❑ Transferee ❑ Second Degree

Application for: ❑ First Semester ❑ Second Semester		**School Year:**
Last Name:		**Date of Birth:** (Month/Day/Year) **Age:**
First Name:		**Place of Birth:**
Middle Name:		**Citizenship:**
Gender: ❑ Male ❑ Female	**Civil Status:** ❑ Single ❑ Married	**Religion:**
Permanent/Mailing Address (With Zip Code)**:**		
Metro Manila Address (With Zip Code)**:**		
Telephone No.:	**Mobile No.:**	**E-mail Address:**
School Last Attended:		**School Address:**

Degree Programs Offered: *(Kindly write **1** and **2** on the space as your first and second choice, respectively)*

_____ Bachelor of Arts with major in English _____ Bachelor of Elementary Education Bachelor of Secondary Education major in: _____ English _____ Computer Education _____ Religious Education _____ Bachelor of Music major in Music Education, Piano, Voice _____ Bachelor of Science in Accountancy _____ Bachelor of Science in Hotel and Restaurant Management _____ Bachelor of Science in Information Technology	Bachelor of Science in Business Administration with major in: _____ Financial Management _____ Human Resource and Development Management _____ Marketing Management _____ Certificate in Business Office Management _____ Teacher Certificate Program (TCP) _____ Master of Arts in Education major in Music Education _____ Master of Music (MM) major in Music Education, Piano, Voice

STEP 2: Submit the SICAT form together with the following requirements to the Registrar's Office.

- Three (3) copies of I.D. pictures (2x2 in size)
- Photocopy of report card at least 1st quarter (for freshmen)/Transcript of Records (for transferee)

Note: *Submit additional documents for enrolment: NSO Birth Certificate/ Baptismal Certificate (photocopy), Recommendation Letter from the Principal/Guidance Counselor/Dean and Honorable Dismissal (for transferee)*

STEP 3: Pay the Admission Test Fee at the Accounting Office.

STEP 4: Secure the date of Admission Test from the Guidance Office.

Received and Checked by:

_____	_____	_____
Registrar's Staff	Accounting Staff	Guidance Staff

SANTA ISABEL COLLEGE – MANILA
Higher Education Department
www.santaisabel.edu.ph

ADMISSION TEST PERMIT

Examinee No.:	**Receipt No.**	**Date of Filing of Application:**
Name (Printed) **Last Name:**	**First Name:**	**Middle Name:**
Place of Examination:	**Date of Examination:**	**Time of Examination:**

For inquiries, you may call the Registrar's Office at (02) 525-94-16 to 21 local 144.