

No.: \_\_\_\_\_



DON MARIANO MARCOS MEMORIAL STATE UNIVERSITY  
OPEN UNIVERSITY SYSTEM  
CITY OF SAN FERNANDO, LA UNION



ENROLMENT PERMIT

\_\_\_\_\_ Semester, School Year \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_ CP No.: \_\_\_\_\_

Latest 2"x2"  
Colored ID  
Picture  
(white background)

Please Check:

Last School Attended:

( ) High School Graduate \_\_\_\_\_

( ) Transferee \_\_\_\_\_

College Graduate

( ) Post- Baccalaureate \_\_\_\_\_

( ) Master \_\_\_\_\_

( ) PhD \_\_\_\_\_

Remarks: \_\_\_\_\_

OPHELIA RL A. CARDENAS

Director

Physical Examination Result: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Medical Officer