

\_\_\_\_ OLD STUDENT

**DON MARIANO MARCOS MEMORIAL STATE UNIVERSITY**  
**OPEN UNIVERSITY SYSTEM**  
**DISTANCE EDUCATION CENTER**

\_\_\_\_ NEW STUDENT

## TENTATIVE REGISTRATION FORM

NAME: \_\_\_\_\_ AGE \_\_\_\_\_  
(PRINT) LAST NAME                      FIRST NAME                      MIDDLE NAME

DEGREE PROGRAM: \_\_\_\_\_ MAJOR: \_\_\_\_\_

\_\_\_\_\_ SEMESTER, SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_ SUMMER \_\_\_\_\_

COURSE NO.	DESCRIPTIVE TITLE	UNITS	DAYS/TIME	ROOM	FINAL GRADE

DATE OF REGISTRATION \_\_\_\_\_

\_\_\_\_\_  
COORDINATOR - DEC

### STUDENTS'S PERSONAL AND ACADEMIC RECORDS

#### PERSONAL RECORDS:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Civil Status \_\_\_\_\_ Nationality \_\_\_\_\_  
Write maiden name if married woman

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Agency/Name of Employer \_\_\_\_\_ Position/Nature of Work \_\_\_\_\_

Employment Address \_\_\_\_\_ Contact No. \_\_\_\_\_

Home Address \_\_\_\_\_ Tel. No. \_\_\_\_\_ Email Add \_\_\_\_\_

Parents: Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Maiden name

Spouse \_\_\_\_\_ Occupation \_\_\_\_\_

(Mark + if deceased)

Person Supporting (if other than Parents) \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

#### ACADEMIC RECORDS:

Intermediate Education School \_\_\_\_\_ Year Graduated \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Bachelor Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Masteral \_\_\_\_\_ Year Graduated \_\_\_\_\_

\_\_\_\_\_  
Student's Signature