



# JOSE MARIA COLLEGE OF MEDICINE

Philippine-Japan Friendship Highway, Sasa, Davao City, Philippines 8000  
Website: medicine.jmc.edu.ph | E-mail: medschool@jmc.edu.ph | Phone: (082) 227-0201

## APPLICATION FOR ADMISSION

**Instructions:** Do not leave any item unanswered. If not applicable, write N/A. Please type or print in ink.

### PERSONAL INFORMATION

**NAME** (Last Name, First Name, Middle Name)

<b>AGE</b>	<b>GENDER</b>	<b>PLACE OF BIRTH</b>	<b>BIRTHDATE</b> (mm/dd/yyyy)
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<b>PERMANENT ADDRESS</b>	<b>CITIZENSHIP</b>
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<b>CITY ADDRESS</b>	<b>RELIGION</b>
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<b>EMAIL ADDRESS</b>	<b>CONTACT NO.</b>
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<b>SCHOOL LAST ATTENDED</b>	<b>COURSE/DEGREE LAST TAKEN</b>
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**2 x 2**  
Photo ID with  
White Background

### NMAT

**PERCENTILE SCORE:** \_\_\_\_\_

**DATE TAKEN:** \_\_\_\_\_

### ENTRY STATUS

- REGULAR STUDENT  
 TRANSFER STUDENT

### EDUCATIONAL INFORMATION

LEVEL	SCHOOL	COURSE/DEGREE	YEAR GRADUATED
PRIMARY			
SECONDARY			
TERTIARY			
GRADUATE/ POSTGRADUATE (if any)			

<b>HONORS &amp; AWARDS</b>	<b>COLLEGE GWA</b>
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**EXTRA-CURRICULAR ACTIVITIES** (Membership in Societies, Athletics, College Publication, Student Government, School Organizations, etc.)

### FAMILY INFORMATION

	NAME	OCCUPATION	CONTACT NO.
FATHER			
MOTHER			
SPOUSE (if married)			
<b>No. of Children</b> (if any):	<b>No. of Siblings</b> (if any):		

**HEALTH INFORMATION**

Please list any illness/disability.

**OTHER INFORMATION**

Have you applied for admission to any other medical school/s? IF YES, please state the medical school/s and the status of your application.

Have you ever been enrolled in other medical school/s? IF YES, please state the medical school/s and the year/s attended.

For those who did not proceed to Medicine immediately after graduation from college, what did you do after graduation? Please discuss briefly

What are your special skills and hobbies?

How did you learn about Jose Maria College of Medicine? (Please check all that applies.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Parents              | <input type="checkbox"/> Website                              | <input type="checkbox"/> Others (please specify below) |
| <input type="checkbox"/> Relatives            | <input type="checkbox"/> Social Media (Facebook/Twitter, etc) |  |
| <input type="checkbox"/> Friends / Classmates | <input type="checkbox"/> Broadcast (TV/Radio)                 |  |
| <input type="checkbox"/> JMC Faculty/Employee | <input type="checkbox"/> Print advertisement                  |  |
| <input type="checkbox"/> JMC Alumni           |   |  |

**REFERENCES**

COMPLETE NAME	SCHOOL/INSTITUTION	DESIGNATION

**ESSAY**

**Why do you want to become a physician? What are your strengths, skills and experiences that will help you overcome the challenges ahead? You may use a separate sheet if necessary.**

**APPLICATION REQUIREMENTS**

**NEW/REGULAR STUDENT**

1. Accomplished Application Form
2. Photocopy of NMAT Result with at least 40 Percentile Score taken within the last two (2) years
3. Photocopy of College Transcript of Record
4. Photocopy of Certificate of College General Weighted Average (GWA)
5. Photocopy of Good Moral Character from Previous School
6. Two (2) Recommendation Letters from previous Dean, Professors or any school authority
7. Two (2) pieces of 2 x 2 photo

**TRANSFER STUDENT**

(Transferees for 1<sup>st</sup> year and 2<sup>nd</sup> year level may be accepted on a case basis.)

1. Letter of Intent addressed to the Dean of Medicine stating the reason/s to transfer
2. Accomplished Application Form
3. Photocopy of Transcript of Record (TOR) from previous medical school
4. Photocopy of NMAT Result with at least 40 Percentile Score taken within the last two (2) years
5. Photocopy of College Transcript of Record
6. Photocopy of Certificate of College General Weighted Average (GWA)
7. Photocopy of Good Moral Character from Previous Medical School
8. Two (2) Recommendation Letters from previous Dean, Professors or any school authority
9. Two (2) pieces of 2 x 2 photo

**APPLICATION PROCEDURE**

1. Accomplish the Form and prepare the required application documents.
2. Pay the Application Processing Fee.
3. Submit the application requirements and copy of the receipt the Application Processing Fee to [medschool@jmc.edu.ph](mailto:medschool@jmc.edu.ph)
4. The applicant will be notified of the schedule of the Admission Exam and the Panel Interview by the Medical Students Admission Committee via e-mail and SMS.

**AGREEMENT AND CONSENT FORM**

I am aware that Jose Maria College of Medicine (JMCM) has collected and stored my personal data, defined under RA 10173 of Data Privacy Act of 2012 referring to all personal information, in its database during my application for admission in the Doctor of Medicine Program. These data include my academic records, demographic profile, and contact details like addresses, email address, landline and mobile phone numbers. I will personally update these data upon request of JMCM or as needed.

I agree to have my name posted in the website, social media accounts and bulletin board/s of JMCM if I get accepted into its Doctor of Medicine Program. I agree to have my photos taken and posted for information dissemination and/or any marketing and promotional-related purposes in JMCM official social media accounts, website and bulletin of information once I am enrolled or admitted.

I authorize JMCM, and its affiliate offices including, but not limited to, the offices of the President and Dean, the Registrar and the Guidance and Counseling, to manage my data for data sharing with accredited industry partners and government agencies as needed for record management and/or as required by standard operations or protocols.

To ensure the protection of my rights as a data subject, defined under the law as referring to an individual whose personal, sensitive personal, or privileged information is processed, I understand that JMCM shall warrant to me the following rights:

- a. Receive notices on changes in the above-cited purposes for my data processing or personal data breaches provided for in Section 38 of the Data Privacy Act's Implementing Guidelines;
- b. Upon submission of a notarized letter of request, erase my personal data due to unauthorized processing or when information is prejudicial to me;

I shall comply with the rules and regulations of Jose Maria College of Medicine in effect or which hereinafter may be formulated.

I hereby certify that all the information herein are true and correct including all the requirements submitted for admission. Any evidence of fraud in the credentials/documents submitted will automatically nullify my admission.

By signing below, I warrant that I have read and understood all of the above provisions and agreed with its full implementation.

\_\_\_\_\_  
Signature over Printed Name of Applicant

\_\_\_\_\_  
Date Accomplished