

APPLICATION FOR ADMISSION

THE COMMITTEE ON ADMISSION

Iloilo Doctors' College of Medicine
West Avenue, Molo, Iloilo City

Dear Sir :

I would like to apply for admission the College of Medicine for the School Year 20____ - ____.

I have read the regulations of the Iloilo Doctors' College of Medicine and promise to abide by them.

I am enclosing my personal data, transcript of records for your evaluation, and a 2 x 2 - size photograph. I am willing to submit other documents or information that you maybe required. I am also remitting herewith for my application fee the amount of P500.00 . Thank you for your kind attention.

Respectfully yours,

Printed / Type Name of Applicant

Signature of Applicant

CERTIFICATE OF PARENT OR GUARDIAN

This is to certify that I have given permission to my child, _____
to enroll at the Iloilo Doctors' College of Medicine, Inc. this School Year 200____.

Very truly yours,

Printed / Typed Name of Parent / Guardian
Address: _____

Signature of Parent / Guardian
Relation to Applicant: _____

CERTIFICATION OF DEAN OR REGISTRAR

This is to certify that _____, an applicant for admission to the Iloilo Doctors' College of Medicine, is graduating / has graduated from the _____ Course in this School at the end of _____ Semester of the School Year 200 ____ - ____ / Summer of 200 ____ - ____.

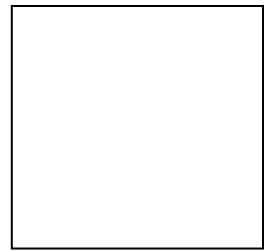
That the above named student is known to me to be a person of good moral character and conduct.

Very truly yours,

Printed / Typed Name
School: _____
Address: _____

Signature
Position: _____

ILOILO DOCTORS' COLLEGE OF MEDICINE, INC
West Avenue, Molo, Iloilo City



STUDENT'S PERSONAL DATA

NAME: _____ Sex : _____ Citizenship: _____
Date of Birth: _____ Age : _____ Civil Status: _____
Place of Birth (Town / City & Province) _____
Home Address: _____ Telephone No. _____
City Address: _____ Telephone No. _____
Father: _____ Occupation: _____
Mother: _____ Occupation: _____
Address of Parents: _____ Telephone No. _____
Guardian: _____ Occupation: _____
Primary School Attended: _____ Date Grad. : _____
Intermediate School Attended: _____ Date Grad.: _____
Secondary School Attended: _____ Date Grad.: _____

TERTIARY EDUCATION:

A. For Degree Holders:

Degree Earned _____ Major _____ Minor _____
School _____ Location _____
Date of Graduation _____ Special Order No. _____
General Average (Whole Course, except P.E. , ROTC , Reli.) _____
Academic Honors, if any _____

B. For Graduating Students:

Course Being Taken _____ Major _____ Minor _____
Prospective Date of Graduation _____
General Average (all subjects taken, except P.E., ROTC, Reli.) _____

C. For those Previously Enrolled in the Medical Course:

School _____ Location _____
Inclusive Dates & Attendance _____
Reason for Leaving _____

D. NMAT:

How many times have you taken the NMAT? _____
Specify dates: First: _____ Percentile Rank: _____ %
Second: _____ Percentile Rank: _____ %
Third: _____ Percentile Rank: _____ %

C E R T I F I C A T I O N

I HEREBY CERTIFY on my honor that the aforementioned data are true and correct.

Signature of Applicants

Printed / Type Name

NOTE: Fill all blanks. State "None" or
"Not Applicable" or brief explanatory
Remarks when appropriate.

ILOILO DOCTORS' COLLEGE OF MEDICINE, INC.
West Avenue, Molo, Iloilo City
Tel. No. 337- 77 – 55
idcmed_registrar@yahoo.com

ENTRANCE INFORMATION

The ILOILO DOCTORS' COLLEGE OF MEDICINE, INC. aims at academic excellence and limits enrollment only to the best qualified and most promising students.

Students are admitted to the First Year Class only in the first semester.

1. ADMISSION REQUIREMENTS

A. Academic Requirements:

The applicant must have completed or is about to complete a Bachelor of Science or Bachelor of Arts Degree (Major in Science). Graduates of other baccalaureate course may qualify for admission provided they have earned at least fifty (50) units in the natural sciences (Zoology, Botany, Chemistry, Physics and Allied Sciences) and six (6) units of Filipino. The minimum requirements for admission to medical course must be met as evidenced by the Certificate of Eligibility for Admission to the School of Medicine issued by the Board of Medical Education (CHED, Manila) in favor of the applicant.

B. Procedural Requirements:

1. The prospective student must apply for admission to the College of Medicine using the Application Form provided for the purpose.

The application must be received by the Office of the Dean, College of Medicine, on the scheduled date (see below) and must be accompanied by the following:

- a. Result of NMAT (Xerox only).
 - b. Transcript of Records of all subjects taken at the collegiate level from all school attended.
 - c. Student's Personal Data, using the form provided.
 - d. Certificate of Good moral character from (2) well-known or responsible members of the student's school or community.
 - e. An I.D. picture, 2 x 2, colored.
 - f. Self-addressed, stamped envelop.
2. He / She must submit to a personal interview when requested by the Committee on Admission
3. He / She must pass the physical examination and Psychological Test to be conducted by the medical staff of the Iloilo Doctors' College Laboratory and Iloilo Doctors' College of Medicine, Inc.

C. Enrollment Requirements:

Upon enrollment the applicant must submit the following:

- a. Result of NMAT (Original Copy).
- b. Honorable Dismissal from the school last attended.
- c. The Report of the Physical Examination and Psychological Test.
- d. Diploma (Certified True Copy).
- e. Birth Certificate (Certified True Copy).
- f. I.D. picture 2 pcs. 2 x 2.
- g. In the case of foreign students, Alien Certificate of Registration (ACR) or Student Visa, Study Permit issued by the CHED, and all other requirements of the Commission on Higher Education.

NO STUDENT SHALL BE CONSIDERED FORMALLY AND OFFICIALLY ENROLLED UNLESS ALL OF THE REQUIREMENTS ARE MET.

II. FEES :

1. Application Fee - P 500.00 payable upon submission of the application form. An additional amount of P200.00 for Foreign applicants to cover special / additional processing and related expenses.
2. Tuition and other School Fees - per semester – P42,185.00 payable upon enrollment or an installment basis. (Foreign Student are charged special tuition and other school fees). Additional information regarding this is Available upon request.

III. SCHEDULE:

1. Filling of application for admission with the Office of the Dean. (January - May)
2. Announcement of candidate eligible for interview by the Committee on Admission: (MAY)
3. Interview of qualified applicants: Date to be announced
Venue: Iloilo Doctors' College - Medicine Bldg. Office of the Dean
Requirements: Self-addressed stamped envelope
4. Announcement of accepted applicants: within one week after the interview.
5. Physical Examination and Registration of accepted applicants: Dates to be announced. The accepted applicants who fail to register on the scheduled dates automatically forfeit their rights to those in the waiting list.
6. Opening of Classes: Date to be announced.

FOR FURTHER INFORMATION PLEASE CONTACT:

THE DEAN

Iloilo Doctors' College of Medicine, Inc.
West Avenue, Molo, Iloilo City

OR CALL: Telephone No. 336-95-50