

DATA PRIVACY STATEMENT

This Privacy Statement aims to inform you of the rights and obligations under Republic Act No. 10173 or The Data Privacy Act of 2012.

Quezon City University (QCU) recognizes its responsibility in protecting personal and sensitive information. As a duly recognized higher educational institution under the local government of Quezon City, we are committed in complying with the Philippines Data Privacy Act of 2012 also known as RA 10173. This notice shall explain the purpose and legal bases for the processing of common personal and sensitive data that Quezon City University collects and generates from data subjects.

The University ensures that only individuals that met the requirements shall be accepted. In compliance with the law and other issuances of the National Privacy Commission, the University declares that it will collect and generate your personal and sensitive information starting from your application and admission up to the data generated during your stay in the University.

- The University will ask for the consent of the data subject to collect and generate personal and sensitive information to be processed by the University Data Privacy Officer (DPO).
- The data collected shall be processed in compliance with the Republic Act No. 10173 or The Data Privacy Act of 2012 and its implementing rules and regulations.
- Personal and sensitive information will be used in processing applications, admission, and transaction with the University.
- As the data subject, you have the right to access your personal and sensitive data upon request and to dispute any inaccuracies you may find.

The data collected will be retained in compliance with RA 9470 also known as The National Archives of the Philippines Act of 2007 and its implementing rules and regulations. Quezon City University shall retain the information collected and generated as necessary.

- Personal and sensitive information will be properly disposed of by the University in compliance with RA 9470 also known as The National Archives of the Philippines Act of 2007 and its implementing rules and regulations.
- You may contact us at Quezon City University by visiting our website at <https://qcu.edu.ph> and our Data Privacy Officer by email: dataprivacy@qcu.edu.ph

DATA PRIVACY CONSENT FORM

I, _____
(Write your Full name)

the undersigned have read the Data Privacy Policy of the university and am fully aware that the institution is committed to protecting the privacy right of individuals on personal and sensitive information pursuant to the provisions of Republic Act 10173 or The Data Privacy Act of 2012, its implementing rules and regulations and other relevant policies, including issuances of the National Privacy Commission and applicable laws and regulations relating to privacy and data protection.

In this regard, I do hereby give my consent to Quezon City University to collect and process my personal and sensitive information to pursue its legitimate interests as an educational institution.

Quezon City University and its offices, officers, and employees are free from any complaint, suits, or damages that any party may file or claim in relation to Data Privacy Act.

All information contained in this application is true and correct, I understand that any misrepresentation may cause denial of admission from Quezon City University. I allow and give full consent to QCU to collect and evaluate the above- mentioned information that I declare for legitimate purposes.

I agree to sign this consent form.

 Name and Signature of Student/Date Signed

 Conforme (Name of Parent/Guardian)/Date Signed

PLEASE NOTIFY THE OFFICE OF THE ADMISSIONS ABOUT ANY CHANGES IN THE ABOVE INFORMATION



QUEZON CITY UNIVERSITY

673 Quirino Hi-way, San Bartolome, Novaliches Q.C.

ADMISSIONS OFFICE

STUDENT APPLICATION FORM

1st SEM, AY: 2026-2027

2 x 2 ID Picture White Background with **Name Tag** (First Name, Middle Initial and Last Name) and **Signature**

GENERAL INSTRUCTION: Kindly fill out all the information needed and do not leave any box unmarked. Write N/A in items not applicable to you. Please use all CAPITAL except in the Gmail Address.

Date of Application:	LRN:
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Are you applying as (Please check the appropriate answer)

<input type="radio"/> SHS Graduating until July	Strand:
<input type="radio"/> SHS Graduate	Strand:
<input type="radio"/> High School Graduate (Year 2015 and below Graduated in HS)	<input type="radio"/> ALS Graduate
<input type="radio"/> Transferee, are you applying for Accreditation of Subjects?	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> 2 nd Degree Course Taker (already a graduate of a bachelor's degree before)	Course:

Choose 3 programs of your choice by writing beside the Program Name (1) 1st Choice (2) 2nd Choice, and (3) 3rd Choice

Bachelor of Science in Management Accounting (BSMA)	Bachelor of Science in Accountancy (BSA)
Bachelor of Science in Entrepreneurship (BS ENTREP)	Bachelor of Early Childhood Education (BECEd)
Bachelor of Science in Industrial Engineering (BSIE)	Bachelor of Science in Electronics Engineering (BSEcE)
Bachelor of Science in Computer Science (BSCS)	Bachelor of Science in Computer Engineering (BSCpE)
Bachelor of Science in Information System (BSIS)	Bachelor of Science in Information Technology (BSIT)

Please Rank preferred Campus: Rank (1) 1st Choice (2) 2nd Choice (3) 3rd Choice

Batasan Campus	San Bartolome Campus	San Francisco Campus
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PERSONAL INFORMATION (As indicated in your PSA Birth Certificate. Use your husband's surname **if you are married**)

Last Name:	First Name:	Middle Name:
Gmail Address:	(Date of Birth: (mm/dd/yyyy))	Religion: Gender: Citizenship:
Place of Birth: (City or Municipality, Province)	Contact Number:	Civil Status: If Married, Name of Spouse:
Present Address:		
Barangay:	City/ Municipality	District No. (for non-QC Residents) Zip Code

Do you identify as a person with a disability or other chronic condition? Yes No Prefer not to answer

if YES, how would you describe your disability or chronic condition?

<input type="checkbox"/> Speech-related disability	<input type="checkbox"/> Mobility-related disability	<input type="checkbox"/> Health-related disability	<input type="checkbox"/> Blind or visually impaired	<input type="checkbox"/> Mental Health condition
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Attention Deficit	<input type="checkbox"/> Autism	<input type="checkbox"/> Other (please specify. optional)	

EDUCATIONAL BACKGROUND

College/University Name: (Write N/A if never enrolled in college)

Address:

Location:	<input type="radio"/> QC	<input type="radio"/> Non-QC	<input type="radio"/> Public School	<input type="radio"/> Private School
Course:	Date Graduated:	Honors Received with certification:		

Technical Vocational School Name: (Write N/A if never enrolled in technical vocational courses)

Address:

Location:	<input type="radio"/> QC	<input type="radio"/> Non-QC	<input type="radio"/> Public School	<input type="radio"/> Private School
Course/Year/s Taken:	Date Graduated:	Honors Received with certification:		

Grade 12 School (if Senior HS), if from OLD CURRICULUM-write the school where you graduated Check box if presently enrolled

Address:

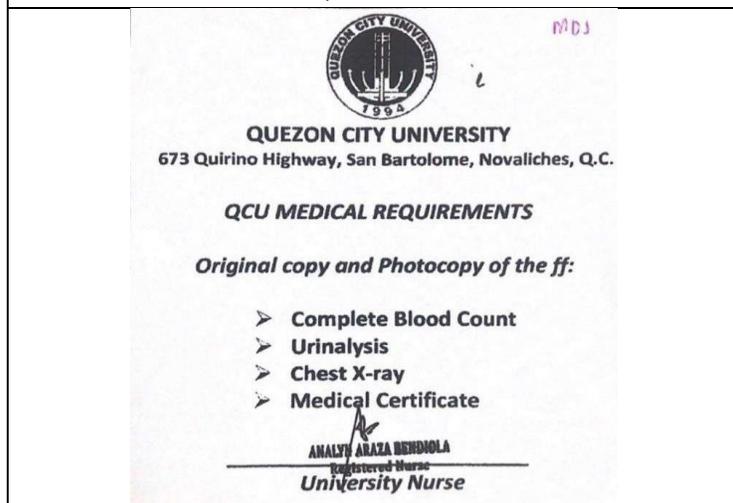
Location:	<input type="radio"/> QC	<input type="radio"/> Non-QC	<input type="radio"/> Public School	<input type="radio"/> Private School
Year and Section	Date Graduated:	Honors received in the entire graduating batch, or just in the class or strand		

FAMILY BACKGROUND			
Father's Name:	Occupation:	Contact No.:	Educ'l Attainment:
Mother's Name:	Occupation:	Contact No.:	Educ'l Attainment:
Parent's Address:			
Guardian:	Relationship:	Contact No.:	
Other Family member/s currently enrolled in QCU. Write below. (Parents and siblings only)			
Name:			Relationship:
Name:			Relationship:
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Name:		Relationship:	Contact No.:
Address:			

**REQUIREMENTS TO BE SUBMITTED at the ADMISSIONS OFFICE ONCE QUALIFIED
FOR QCU ENROLLMENT**

FRESHMAN	TRANSFEREE
<ol style="list-style-type: none"> Printed Fully Accomplished QCU Admission Application Form on a long bond paper separately with 2x2 colored picture white background with name tag and student's signature (First Name, Middle Initial, and Last Name) (2sets) Original SF9 (Certified True Copy of Grade 11 & Original Grade 12) <ul style="list-style-type: none"> Form 138- High School Report Card Alternative Learning System Certificate of Rating if ALS passer Original PSA Birth Certificate Original Certificate of Good Moral Character Original – Recent Brgy. Certificate of Residency Two (2) 2x2 colored pictures (White Background with Name Tag and Signature) Photocopy Senior High School / High School / ALS Diploma (present original) Medical Clearance – Issued by the Medical and Dental Services <p>Additional Requirements for the following Applicants:</p> <ul style="list-style-type: none"> ➤ If with discrepancy between PSA Birth Certificate and School Record – Affidavit of the Same Person ➤ If currently employed - Original Latest Certificate of Employment ➤ If Married Female Student - Original Marriage Certificate ➤ Applicants from schools with non-numerical (Pass/Fail) grades- Certificate of Non-issuance of Numerical Grades (Issued by the School Registrar) ➤ In cases where the student-applicant cannot reasonably secure his/her school credentials for reasons beyond his/her control, such as: Closure of the school last attended and Damage of documents due to fire or natural calamities - Certificate of eligibility for admission to college from the Commission on Higher Education (CHED) ➤ Applicants who stopped for 1 Yr or more - Affidavit of Non-Enrollment from other Universities 	<ol style="list-style-type: none"> Printed Fully Accomplished QCU Admission Application Form on a long bond paper separately with 2x2 colored picture white background with name tag and student's signature (First Name, Middle Initial, and Last Name) (2sets) Transcript of Records (For Evaluation Purposes) Original PSA Birth Certificate Original Certificate of Good Moral Character Original – Recent Brgy. Certificate of Residency Two (2) 2x2 pictures (White Background with Name Tag and Signature) Original Certificate of Transfer Credentials (CTC) Medical Clearance – Issued by the Medical and Dental Services <p>Additional Requirements for the following Applicants:</p> <ul style="list-style-type: none"> ➤ For Accreditation of Subjects during enrollment period: <ul style="list-style-type: none"> • Subject Course Description of all passed subjects, • TOR Copy for QCU with GWA of the last semester attended, • NSTP 2 Serial Number (Secure request letter from QCU Admissions) ➤ If with discrepancy between PSA Birth Certificate and School Record – Affidavit of the Same Person ➤ If currently employed - Original Latest Certificate of Employment ➤ If Married Female Student - Original Marriage Certificate ➤ Applicants from schools with non-numerical (Pass/Fail) grades- Certificate of Non-issuance of Numerical Grades (Issued by the School Registrar) ➤ In cases where the student-applicant cannot reasonably secure his/her school credentials for reasons beyond his/her control, such as: Closure of the school last attended and Damage of documents due to fire or natural calamities - Certificate of eligibility for admission to college from the Commission on Higher Education (CHED) ➤ Applicants who stopped for 1 Yr. or more - Affidavit of Non- Enrollment from other Universities

TO BE DONE ONCE QUALIFIED FOR ENROLLMENT



Documents/Requirements Verified by:

Admission Officer

Approved for Admission by:

REZEILYN A. MATABANG
OIC, Admission Services