

**VERIFICATION DATA  
PRIVACY CONSENT FORM  
PSYCHOLOGICAL AWARENESS AND LIABILITY STATEMENT  
UNDERTAKING FOR LACK OF DOCUMENTS**

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(Degree Program Applied for)

**VERIFICATION**

I certify that the information in my Application for Admission Form are complete and accurate. Any falsification of any information on any admission forms will automatically nullify my application and/or subject me to dismissal from the university.

I am willing to accept the Mission Statement of this Catholic University and the objectives of the \_\_\_\_\_ Program I am enrolled in and to abide with all the rules and regulations of the University of St. La Salle.

I am aware of the tuition and other fees of the school at the time of the enrollment, and I understand that these are subject to annual increases per CHED policies and guidelines.

**USLS DATA PRIVACY CONSENT FORM FOR STUDENTS AND ALUMNI**

In compliance with Republic Act No. 10173, also known as the Data Privacy Act of 2012, I hereby acknowledge and recognize that my personal information, sensitive or otherwise, as provided in the above-mentioned law were validly obtained by the University of St. La Salle (USLS) by reason and in connection with my admission, enrollment/registration and during the course of my stay with the latter.

That by virtue of the said law, I freely give my consent and hereby agree to the collection, access and processing of my information – personal, sensitive, and privileged information – as defined under RA No. 10173 for any legal and all legitimate interests of USLS as an educational institution and for the purpose of fully and effectively carrying out our responsibilities as such. I likewise freely and voluntarily give my consent to the disclosure, dissemination and releasing of my personal information to the following individuals or organizations or offices in relation to my academic evaluation and progress and in the following instances:

- a) Sharing of grades and other information upon request of my parent/s, guardians, or next of kin and upon the endorsement of the University Registrar and the approval of the institutional Data Privacy Officer, to promote my best interests, protect my health, safety and security or that of others;
- b) Providing academic institutions, companies, government agencies, private or public corporations, or the like, upon their written request, with scholastic ranking information, certification of good moral character, verification of being a bona fide student or graduate of the school for purposes of admission, transfer, possible recognition/award, job background checking or possible job opportunities for me as a student or as a future alumnus;
- c) Sharing information to potential donors, funders or benefactors for purposes of scholarship, grants and other forms of assistance;
- d) Distributing the list of graduates and awardees during commencement exercises; posting complete names and birthdays of graduating students for the purpose of making corrections before the said information is printed in diplomas and other credentials;
- e) Reporting and/or disclosing information to government bodies or agencies (e.g. Commission on Higher Education, Department of Education);
- f) Sharing information for accreditation and university ranking purposes (e.g. Philippine Accrediting Association of Schools, Colleges and Universities);
- g) Conducting research or surveys for purposes of institutional development;
- h) Sharing my directory information to the school's alumni association upon approval by the Dean of Professional Schools (College of Medicine/ Graduate School);

I further understand that in the course of my stay with the university, my personal information will be continuously collected, updated, accessed, used, retained and processed for the purpose of student identification, verification, background checking, work interest of the company, its representative or clients, and other legitimate processing requirements necessary for the university in the conduct of its laws and regulations and institutional policy.

I hereby warrant that my consent is freely given and is an informed indication of my will to all of the foregoing.

### **PSYCHOLOGICAL AWARENESS AND LIABILITY STATEMENT**

The University of St. La Salle is a Catholic institution that maintains a conducive learning environment. We observe a drug-free and danger-free learning community that forms persons of integrity, who are committed to the care of people and the earth as our shared mission.

Thus, the undersigned individual represents and warrants that he or she is physically, mentally and psychologically fit to:

- a) Process admission in the University;
- b) Abides to our duly promulgated University standards and policies;
- c) Contains no mental health condition that would endanger oneself and the entire community.

In the event that the undersigned would be involved in such untoward incidents, leading to any material omission or concealment, shall be held liable to such actions, which may be a ground for suspension or dismissal in the University.

### **UNDERTAKING FOR LACK OF DOCUMENTS**

The undersigned promised to exert the necessary effort to submit all admission requirements seen below upon admission and enrollment in the University of St. La Salle.

- a) College Transcript of Records
- b) Gen. Weighted Average Grade Cert. (College of Medicine Applicants)
- c) Honorable Dismissal
- d) College Diploma
- e) National Medical Admission Test (NMAT)- **CUTOFF 60%** (College of Medicine Applicants)
- f) PSA/NSO Birth Certificate (Photocopy)
- g) Signed Undertaking Form
- h) Admission Fee (P300)

- i) Two (2) Signed Recommendation Form from the **Dean & Faculty** where the student graduated (College of Medicine Applicant) or **Employer & Faculty/Dean** where the student graduated (Graduate School Applicant)
- j) Vaccination Card (proof of full vaccination - 1<sup>st</sup> and 2<sup>nd</sup> doses)- for College of Medicine Applicant
- k) Entrance Exam Result c/o USLS-GEC
- l) Interview
- m) HBsAg, Fecalalysis, Urinalysis and CBC Result (to be submitted once admitted to the College of Medicine)
- n) Curriculum Vitae and Handwritten Essay (Graduate School Applicant)
- o) Medical Clearance from the University Clinic

I am fully aware that I am given until the end of the 1st Semester AY 23-24 to submit all requirements stated above. It is also my understanding that failure to submit would invalidate my grades for the 1st Semester of AY 23-24 and the University may refuse enrollment for the succeeding semester.

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Signature over Student's Printed Name/Date Signed