

WMSU TEC-FR-004.01
Effective Date: 01-Aug-2018



Western Mindanao State University
TESTING AND EVALUATION CENTER
Zamboanga City

Application No. _____

2" x 2" PHOTO
w/ Name TAG

Examination Request Form

(Pls. Print) Family Name, First Name Middle Name _____

Permanent Home Address: _____

Bachelor's Degree Earned: _____

Currently Enrolled? YES NO Year Level/Units: _____ Returning? YES NO Year Level/Units: _____

Are you working/employed? YES NO Agency connected/employed: _____

Nature of work: _____ Cell/Tel #: _____ Email: _____

Type of Test Applying for: How many times did you take the mentioned exam? When was the last time you took the exam?

GSAT LSAT First Time Third Time
 Second Time More than 3 _____

Signature of Applicant _____

Identification Presented _____

TEST DATE	TEST VENUE	TEST TIME

Amount Paid: **THREE HUNDRED PESOS** OR No: _____ Date Paid: _____
In words

Signature of Registration Officer _____

TEST CENTER COPY

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Signature of Registration Officer _____

REMEMBERS

- ① Must be at the Test Venue 20 minutes before time.
- ② Present this test permit on exam date to the Room Examiner.
- ③ Bring at least two (2) Mongol pencils with a good eraser.
- ④ NO Cellphones, calculator, MP3/iPOD, RADIO is allowed during the test.
- ⑤ Follow IATF Health Protocols.

USE THIS TEST PERMIT TO CLAIM YOUR RESULT

STUDENT TEST PERMIT