OSA - 08-05/01



DEDSONAL DECELLE

## Republic of the Philippines ILOILO STATE UNIVERSITY OF FISHERIES SCIENCE AND TECHNOLOGY OFFICE OF THE STUDENT AFFAIRS AND SERVICES

Tiwi, Barotac Nuevo, Iloilo www.isufst.edu.ph





## **STUDENT PROFILE** FORM 1

Last Name:		Date of Filing:			
First Name:		Course:			
Middle Name:		Sex:			
Civil Status:	Religio	on: Date of Birth:			
Citizenship:	Place	Place of Birth:			
CONTACT INFORMAT	TION				
Permanent Address:					
Temporary Address:					
Last School Attended:					
Contact Number:		Email Address:			
OTHER INFORMATIO	N				
Father's Name:		Occupation:			
Mother's Name:	Occupation:				
Guardian:	Occupation:				
Address:	Date Encoded:				
Scholarship:		Encoded by:			
Member of any margin	alized group	:			
☐Indigenous People	□PWD	☐1st Generation College Student	Others		
best of my knowledge.	I also under	I provide herein is true, correct, and a rstand that my personal information is collect and process the data I provide	s protected by		
		Signature over Print	red Name		

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Last School Attended:					
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OTHER INFORMATION Father's Name:	N	Occupa	tion:		
Mother's Name:		Occupation:			
Guardian:		Occupation:			
Address:	Date Encoded:				
Scholarship:		Encoded by:			
Member of any margir	nalized group:				
☐Indigenous People	□PWD	☐1st Generation	College Student	Others	
hereby certify that all pest of my knowledge. RA 10173 and I authori	I also unders	and that my person	onal information i	s protected b	
		Si	gnature over Prin	ted Name	