

CONTROL NUMBER



College of Fine Arts  
University of the Philippines, Diliman

TALENT DETERMINATION TEST (TDT)  
APPLICATION FORM

Please attach recent colored photo ID here

2" x 2"

This will serve as your TDT ID number

- 1. Please type entries or write legibly 2. Proper noun should be written in full and not in abbreviated form 3. Please mark [X] boxes properly

# SHIFTEES w/in UPD

Current College: \_\_\_\_\_ Degree/ Program: \_\_\_\_\_

- Earned 30 Academic Units w/ at least a minimum GWA of 2.75, GWA of \_\_\_\_\_
- Certified True Copy of Grades  3 pcs. 2" x 2 "colored ID pictures

NOTE: ORIGINAL AND PHOTOCOPY OF DOCUMENTS MUST BE PRESENTED UPON APPLICATION.

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First Middle/Maiden

ADDRESS \_\_\_\_\_

IF ACCEPTED, WHERE DO YOU PLAN TO LIVE? \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_

SEX  MALE  FEMALE

CIVIL STATUS  SINGLE  WIDOWER  MARRIED  SEPARATED

CITIZENSHIP \_\_\_\_\_ RELIGION \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DO YOU HAVE A DISABILITY?  YES  NO

IF YES, PLEASE SPECIFY AND ATTACH MEDICAL CLEARANCE: \_\_\_\_\_

DO YOU HAVE MEDICAL CONDITION?  YES  NO

IF YES, PLEASE SPECIFY AND ATTACH MEDICAL CLEARANCE: \_\_\_\_\_

ARE YOU A WORKING STUDENT?  YES  NO IF YES, WHAT WORK? \_\_\_\_\_

SCHEDULE \_\_\_\_\_ MONTHLY INCOME ₱ \_\_\_\_\_

DO YOU HAVE ANY OTHER TALENTS? \_\_\_\_\_

ARE YOU A MEMBER IN ANY ART GROUP/INSTITUTION?  YES  NO

IF YES, PLEASE SPECIFY \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MONTHLY FAMILY INCOME ₱ \_\_\_\_\_ NO. OF SIBLINGS \_\_\_\_\_

#### SOURCE OF EDUCATION FUND

FAMILY INCOME  SCHOLARSHIP \_\_\_\_\_

OTHERS \_\_\_\_\_

DO YOU HAVE RELATIVES IN THE FIELD OF ART?  YES  NO

IF YES, PLEASE SPECIFY \_\_\_\_\_

### COURSE APPLYING FOR

Bachelor of Fine Arts

Certificate Program

### DEGREE APPLYING FOR

Art Education

Art History

Industrial Design

Painting

Sculpture

Visual Communication

### TO BE ACCOMPLISHED BY THE FACULTY INTERVIEWER

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewed by:

\_\_\_\_\_  
Name and Signature of Interviewer

