



SAN BEDA UNIVERSITY

GRADUATE SCHOOL OF LITURGY

638 Mendiola St., San Miguel Manila, NCR 1005
 P.O. Box 4457 Philippines
 Tel. No. 735-6011 to 15 Ext. 3110
 Website: <http://www.sanbeda.edu.ph>
 E-mail: gslit@sanbeda.edu.ph

"That in all things God may be glorified"

ADMISSION REQUIREMENTS

Master of Arts in Liturgy		<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	20__ - 20__
<i>Program</i>		<i>Trimester</i>	<i>School Year</i>
Name			
	<i>(Family Name)</i>	<i>(First Name)</i> <i>(Middle Name)</i>	<i>Student No.</i>
Address			

The following requirements have to be completed and submitted to the Graduate School of Liturgy Office prior to Enrollment and Interview:

- A Bachelor's Degree with 85% or B or 2.00 average in the entire course
- Accomplished Application Form
- Two (2) accomplished Recommendation Letters from any of the following: the Dean/Chair/Guidance Counselor/Faculty Member of the School last attended/or Supervisor of Present Employment/Religious or Seminary Superior.
- Special Order (S.O.) or Certification of Graduation from the Registrar of School last attended
- Certified True Copy of Transcript of Records (*with Remarks: for San Beda College or for further studies*)
- Honorable Dismissal
- Photocopies of Birth and Baptismal Certificates (*except for SBC graduates*)
- Five (5) colored ID pictures sized (2x2), and
- Certificate of Employment from Employer

For Transferees

- Summary of Credits (*for evaluation*)
- Honorable Dismissal (*after evaluation of Summary of Credits*)



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2X2
LATEST COLOR
ID PICTURE

APPLICATION FORM

(Please do not leave any item unanswered. Write N/A if not applicable)

I. PERSONAL RECORD			
<i>(Last Name)</i>		<i>(First Name)</i>	
<i>(Last Name)</i>		<i>(Middle Name)</i>	
Address			Tel. Number:
Date of Birth (mm / dd / yy):	Place of Birth:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Civil Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	E-mail address:
	<input type="checkbox"/> Clergy	<input type="checkbox"/> Religious	Tel. Number:
Office Address			Mobile Number:
			Fax Number:

II. EDUCATIONAL BACKGROUND				
Educational	School/ Location	Years Attended	Degree	Honors Received
Elementary Level				
Secondary				
College				

III. WORK EXPERIENCE <i>(Start from the present)</i>		
Company/Address	Position	Date Employed
1.		
2.		
3.		
4.		
5.		

IV. PROFESSIONAL MEMBERSHIPS			
Name of Organization	Position	Membership Date	Number of Years
1.			
2.			
3.			

I hereby certify that all the above information are complete and accurate.

Signature of Applicant

Date

V. INTERVIEW RESULTS:

1. _____
2. _____
3. _____
4. _____
5. _____

Name of Interviewer: _____ **Signature:** _____