



DATA PRIVACY CONSENT FORM

I, _____ [*Name of Student*], hereby grant permission to **Romblon State University (RSU)** to collect, utilize, process, and safeguard my personal data throughout my academic tenure at the institution. Recognizing RSU's dedication to upholding data privacy principles and safeguarding the confidentiality of my information in compliance with the Data Privacy Act of 2012 and related legislation, I hereby affirm the following:

a. Purpose of Data Collection

I consent to RSU's collection and processing of my personal data for academic, administrative, and research purposes, encompassing enrollment, academic evaluation, student support services, communication, and statistical analysis.

b. Types of Personal Data

I acknowledge that RSU may gather various personal data categories, including but not limited to my name, date of birth, contact details, academic history, medical particulars (if applicable), and any pertinent information essential for academic and administrative operations. I also understand that the university will also collect photographs and videos, both directly captured during official events and indirectly through group or scene imagery, along with footage from closed-circuit cameras.

c. Use and Disclosure of Personal Data

I authorize RSU to utilize my personal data for the purposes, recognizing that it may be shared with authorized RSU personnel and external entities such as government agencies, accrediting bodies, and service providers, as mandated by law or for legitimate university-related objectives.

d. Data Security and Confidentiality

I understand and acknowledge RSU's commitment to implementing appropriate technical, organizational, and physical security measures to safeguard my personal data against unauthorized access, disclosure, alteration, or destruction, ensuring its confidentiality and integrity.

e. Retention and Disposal of Personal Data

I consent to RSU retaining my personal data for the duration necessary to fulfill its intended purposes or as stipulated by law or institutional policies, with assurance of secure and confidential disposal upon the conclusion of the retention period.

f. Access and Correction of Personal Data

I recognize my entitlement to request access to, correction of, or deletion of my personal data held by RSU, subject to applicable legal and institutional protocols.

g. Withdrawal of Consent

I am aware of my right to withdraw consent for RSU's collection, use, and processing of my personal data at any time, notwithstanding any legal or contractual obligations, understanding that such withdrawal may impact my enrollment or engagement in university activities.

h. Contact Information

I acknowledge the availability of RSU's Data Protection Officer (DPO) for inquiries, requests, or concerns regarding the handling of my personal data.

By affixing my signature below, I certify that I have read and understood the contents of this data privacy consent form and voluntarily consent to the collection, use, processing, and protection of my personal data by Romblon State University in accordance with the terms and conditions outlined herein.

Student Signature over Printed Name

Date: _____

Parent/Guardian Signature over Printed Name

(if student is under 18 years old)

Date: _____



ADMISSION APPLICATION FORM

For Transferees, Second Undergraduate Degree Seeking Students or Unit Earners and Old/Returning Students

Application for: *(Please check where is applicable)*

Old/ Returning Student

Transfer Student

From: _____

From: _____

To: _____

To: _____

2nd Undergraduate Seeking Student/Unit Earners

From: _____

To: _____

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background here 2x2 colored ID
picture in white background here

Date Applied for: _____ **Semester:** _____ **Academic Year:** _____

PERSONAL INFORMATION

Name of Student: _____
Last Name First Name Middle Name

Sex at birth: Male Female Civil Status: Single Married Separated Others: _____

Birthdate: _____ Birthplace: _____ Citizenship: _____

Religion: _____ Person with Disability: No Yes *(Please specify disability):* _____

CONTACT INFORMATION

Home Address	Zip code:
Email Address	Mobile Number:
Father's Full Name	
Mother's Maiden Name	
Guardian's Full Name	
Address of Parent/Guardian	
Contact Number of Parent/Guardian	

EDUCATIONAL BACKGROUND

Educational Level	Name of School	Address	Academic Year First Attended	Last Year Attended/Graduated
College/University/ Vocational/ALS				
Senior High School				
Junior High School				

Are you presently enrolled? No Yes *(Please specify what School and its Address):* _____

Is this your first time to seek admission to RSU? Yes No *(Please specify date last attended and reason for readmission)*

Date last attended: _____

Reason for Readmission: _____

INFORMATION SURVEY

Mother's Occupation	Family Monthly Income:
Father's/ Guadian's Occupation	
Are you a member of the Indigenous Peoples Community?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(specify your tribe):</i>
Are you a member of Muslim Community?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you the first in your family to enter College?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a solo parent?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a child of a solo parent?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a working student?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Where are you living?	<input type="checkbox"/> Home <input type="checkbox"/> Boarding House <input type="checkbox"/> Others <i>(specify):</i>
Will you need financial assistance/ scholarship?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What could be the reason if you stop schooling? <i>(Please check possible reason)</i>	<input type="checkbox"/> Financial <input type="checkbox"/> Others <i>(specify):</i> _____ <input type="checkbox"/> Other School Preference

In consideration of my admission to the University and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with, all the rules and regulations laid down by competent authorities of the University and of the College/Campus in which I am enrolled. I fully understand that refusal to take this pledge or violation of its terms shall be sufficient cause for summary dismissal or denial of my admission.

Signature Over Printed Name

Date

TO BE FILLED OUT BY THE ADMISSION OFFICER

SCHOOL CREDENTIALS PRESENTED	ENTRANCE EXAMINATION SCHEDULE
<input type="checkbox"/> Certification of Grades/TOR/Honorable Dismissal	Day: _____ Testing Center: _____
<input type="checkbox"/> Certificate of Good Moral Character	Time: _____ RSUAT Result: _____
<input type="checkbox"/> Evaluation of Grades/Certificate of Clearance	
<input type="checkbox"/> Authenticated PSA/NSO Birth Certificate <i>(Photocopy)</i>	
<input type="checkbox"/> Authenticated NSO Marriage Certificate <i>(For Female Applicant)</i>	
<input type="checkbox"/> Others <i>(Please specify):</i> _____	

ACCOUNT CREATION

Student ID Number: _____ **Program/Course:** _____ **Year:** _____ **Date:** _____

Processed by:

Approved by:

Signature over printed name of Admission Staff & Date

Signature over printed name of Admission Director & Date