



BI FORM CGAF-003-Rev 2
CONSOLIDATED GENERAL APPLICATION FORM
FOR STUDENT VISA AND SPECIAL STUDY PERMIT

This document may be reproduced and is **NOT FOR SALE**

Attach your 2x2 colored photograph with white background using permanent glue in the photograph box.

The photograph must be taken within the last three (3) months from the date of application.

A scanned photograph is not allowed. A photograph of the applicant wearing eyewear (i.e. sunglasses, colored contact lenses, etc.) or headwear is not acceptable.

I. APPLICATION INFORMATION

Present Immigration Status _____

Nature of Application Conversion Extension Permit Student Visa Special Study Permit

Type of Application _____

Course/Degree _____

Number of Months/Year Applied for _____

Months _____ 1 Year _____ School Year _____ - _____

Name of School Representative [Last Name, First/Given Name, Middle Name] _____

School Representative Identification Number _____

II. APPLICANT'S TRAVEL INFORMATION

Passport Number _____ Date of Latest Arrival [DD-MMM-YYYY e.g. 01 JAN 1990] _____

Expiry Date/Valid Until [DD-MMM-YYYY e.g. 01 JAN 1990] _____ Flight Number _____

Place of Issuance _____ Last Day of Authorized Stay [DD-MMM-YYYY e.g. 01 JAN 1990] _____

III. APPLICANT'S PERSONAL INFORMATION

Last Name _____

First/Given Name _____

Middle Name _____

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990] _____ Gender M F Country of Birth _____

Citizenship/Nationality _____ Civil Status Single Married Annulled

Height [cm] _____ Weight [kg] _____ Separated Widowed Divorced

Contact Number(s) in the Philippines _____ Special Security Registration Number (SSRN) _____

Landline _____ Email Address _____

Mobile _____

Residential Address in the Philippines _____

House/Unit No., Street, Subdivision/Village _____

Barangay, Municipality/City _____

Province, Zip Code _____

Residential Address Abroad _____

House/Unit No., Street, Subdivision/Village _____

City, State _____

Country, Zip Code _____

IV. GUARDIAN'S INFORMATION

Name of Guardian [Last Name, First/Given Name, Middle Name] _____

Relationship with the Applicant _____

Residential Address in the Philippines _____

House/Unit No., Street, Subdivision/Village _____

Province, Zip Code _____

Contact Number(s) in the Philippines _____

Landline _____ Mobile _____

Barangay, Municipality/City _____

Country, Zip Code _____

V. SCHOOL'S INFORMATION

Name of School _____

School Accreditation Number _____

Residential Address in the Philippines _____

House/Unit No., Street, Subdivision/Village _____

Province, Zip Code _____

Contact Number(s) in the Philippines _____

Landline _____ Mobile _____

Barangay, Municipality/City _____

Country, Zip Code _____

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Registered Address of School

Room No., Floor No., Building, Street

Province, Zip Code

Contact Number(s) in the Philippines

Landline

Barangay, Municipality/City

Country, Zip Code

Mobile

VI. ACR I-CARD

Alien Certificate of Registration (ACR) Number

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]

Expiry Date/Valid Until [DD-MMM-YYYY e.g. 01 JAN 1990]

Certificate of Residence Number (CRN)

DO NOT FILL OUT THIS PORTION

Application Number

Received/Recommended by: _____

Reviewed by: _____

Approved by: _____

Recommending Approval:

 (Signature over Printed Name)

Date Signed: _____

Immigration Control (IC) No.:

Period of validity [DD-MMM-YYYY e.g. 01 JAN 1990]:

From

Until

Official Receipt Numbers:

a) _____

b) _____

c) _____

APPROVED/DISAPPROVED:

JAIME H. MORENTE

Commissioner

Date Signed: _____

"VISA IMPLEMENTATION STAMP"