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Affix 1x1 photo

**PEURTC**

**PHILIPPINE EMBALMERS AND UNDERTAKERS REVIEW AND TRAINING CENTER**

1743 F. Guizon St., Brgy. Kasilawan, Makati City

Contact Nos.: (02) 7942232 | 09215401107| 09192181437

**ACADEMIC RECORD FORM**

**(For Local Students)**

**Form No. PEURTC 20016-001**

PLEASE PRINT LEGIBLY

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | **ACADEMIC INFORMATION** | | | | |
| LAST NAME | |  | | | | Month  School Year | | | | | March  September  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| FIRST NAME | |  | | | | PROGRAM/COURSE | | | | | Embalmer  Undertaker  Renewal of License  Refresher Course | |
| MIDDLE NAME | |  | | | |
| GENDER | | MALE FEMALE | | | | **ENTRANCE DATA**  **Name of School** | | | | | | |
| CIVIL STATUS | |  | | | | High School Graduate | | | | |  | |
| BIRTHDAY | |  | | | | Bachelor’s Degree | | | | |  | |
| **INFORMATION** | | | | | | Master’s Degree | | | | |  | |
| Address |  | | | | |
| Tel./ mobile no. |  | | | | | Is this the first time take the exam? | | | | | Yes  No | |
| Email |  | | | | | Date of First Enrollment at PEURTC | | | | |  | |
| Contact person in case of emergency |  | | | | | Contact number of person in case of emergency | | | | |  | |
| **ACADEMIC RECORD** | | | | | | | | | | | | |
| Subject | | | | | Hours | | | | Rating | Professor | | Remarks |
| 1. Anatomy and Physiology | | | | |  | | | |  |  | |  |
| 1. Microbiology/Parasitology | | | | |  | | | |  |  | |  |
| 1. Embalming I- The Practice of Embalming | | | | |  | | | |  |  | |  |
| 1. Embalming II- Hygiene and Sanitation | | | | |  | | | |  |  | |  |
| 1. Embalming III-Ethics and Jurisprudence | | | | |  | | | |  |  | |  |
| 1. Actual Exposure/Practicum | | | | |  | | | |  |  | |  |
| **Professional Statement:** Reasons for wanting to earn a degree in mortuary science/embalming? In this section of your statement, you should include a discussion of meaningful work, volunteer, personal, and/or educational experiences that have influenced your decision to pursue a career in funeral service. | | | | | | | | | | | | |
| **RULES GOVERNING TRAINING FEES** | | | | | | | | | | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ voluntarily enrolled in this Training and Review Center and promise to abide the financial obligations I will incur in this training center. I will promise to pay the following fee as scheduled: | | | | | | | | | | | | |
| **Financial Assessment** | | | | **Php** | | | **Schedule of payment** | | | | | |
| Registration Fee | | | …………. |  | | | **Cash Payment**  Php 25,000 Less 5% = P23,750.00 | | | | | |
| Tuition Fee | | | …………….. |  | | |  | | | | | |
| Miscellaneous Fee  Lab  Hands on  Uniform | | | …………….. |  | | | Installment (4 payments with no discount)  Down payment 25% P 6,250.00  2nd payment End of June or December 6,250.00  3rd payment End of July or January 6,250.00  4th payment End of August or February 6,250.00  TOTAL: P 25,000.00 | | | | | |
| Theoretical and Examination Fee | | | …………… |  | | | **Additional Fees:**   1. Set of uniform with PPEs 500.00 2. T-shirt with ID 350.00 3. Theoretical Exam Permit 250.00 4. Oral & Practical Permit 500.00 | | | | | |
| Oral and Practical Fee | | | ………….. |  | | |  | | | | | |
| Renewal of License Fee | | | ……………. |  | | |  | | | | | |
| Other Charges | | | …………….. |  | | |  | | | | | |
| **TOTAL** | | | ………….. |  | | |  | | | | | |

*Note: Miscellaneous fees to be paid in full upon registration. .*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_