



**MINDORO STATE
COLLEGE OF
AGRICULTURE
AND TECHNOLOGY**

FORMS



MAIN CAMPUS
Alcate, Victoria
minscat_main@yahoo.com
Mobile No. +639178156228

CALAPAN CITY CAMPUS
Masipit, Calapan City
minscatcalapanity@gmail.com
Tel/Fax No. 043-2862368

BONGABONG CAMPUS
Labasan, Bongabong
minscat_bongabong@yahoo.com
Tel/Fax No. 043-2835570



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GUIDANCE AND COUNSELING OFFICE

FM-CGO-08

Name _____ Date _____
Course Applied For _____

Please check: _____ Freshman _____ Transferee _____ Returnee _____

Credentials Submitted

- _____ Report Card (form 138) _____ Transfer Credential (Honorable Dismissal)
- _____ Permanent Record (form 137-A) _____ Copy of Grades for Evaluation
- _____ Certificate of Good Moral Character _____ Transcript of Records
- _____ Birth Certificate from NSO _____ Copy of Marriage Contract (for married female only)
- _____ ID pictures _____

UNIFIED COLLEGE ADMISSION TEST (UCAT) RESULTS

Date Taken: _____

GENERAL INFORMATION	MATHEMATICS	ENGLISH	FILIPINO	SCIENCE	TOTAL SCORE	RATING

Remarks: _____
Noted: _____

GUIDANCE AND COUNSELING OFFICE

FM-CGO-08

Name _____ Date _____
Course Applied For _____

Please check: _____ Freshman _____ Transferee _____ Returnee _____

Credentials Submitted

- _____ Report Card (form 138) _____ Transfer Credential (Honorable Dismissal)
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Remarks: _____
Noted: _____

Republic of the Philippines

MINDORO STATE COLLEGE OF AGRULTURE AND TECHNOLOGY

Main Campus

Alcate, Victoria, Oriental Mindoro

Guidance and Counseling Office

FM- GCO-34

Name:		Date:	
Grade Level		Tracks	
Grade 7 <input type="checkbox"/>	1.Academic Tracks GAS <input type="checkbox"/> HUMSS <input type="checkbox"/> STEM <input type="checkbox"/>		
Grade 11 <input type="checkbox"/>	2.TVL Track ICT <input type="checkbox"/> Agriculture <input type="checkbox"/> _ Computer Programming _ Horticulture _ Animation _ Animal Production		

TEST RESULT

English	Science	Math	Araling Panlipunan	Total Score	Rating

Remarks: _____ Noted: _____
 _____ Guidance Counselor

Republic of the Philippines

MINDORO STATE COLLEGE OF AGRULTURE AND TECHNOLOGY

Main Campus

Alcate, Victoria, Oriental Mindoro

Guidance and Counseling Office

FM- GCO-34

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Republic of the Philippines

MINDORO STATE COLLEGE OF AGRULTURE AND TECHNOLOGY

Main Campus

Alcate, Victoria, Oriental Mindoro

Guidance and Counseling Office

FM- GCO-34

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Remarks: _____ Noted: _____
 _____ Guidance Counselor



Republic of the Philippines
 MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Alcate, Victoria Oriental Mindoro
 GUIDANCE AND COUNSELING SERVICES

FM-GC-17

STUDENT PASS SLIP

Name of Student:			Course/Yr./Section:		Name of Adviser	Date:
Date of absence	Time	Day	No. of Absence/s Incurred	Subject	Name of Instructor/s	Signature of Instructor/s
Reason/s for Absence:						
<i>Note The student is advised to return this Pass Slip to the guidance counselor after the instructor/s has/have signed.</i>						
REMARKS: _____						

_____ Guidance Counselor						

FM-GC-17

STUDENT PASS SLIP

Name of Student:			Course/Yr./Section:		Name of Adviser	Date:
Date of absence	Time	Day	No. of Absence/s Incurred	Subject	Name of Instructor/s	Signature of Instructor/s
Reason/s for Absence:						
<i>Note The student is advised to return this Pass Slip to the guidance counselor after the instructor/s has/have signed.</i>						



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria Oriental Mindoro
GUIDANCE AND COUNSELING SERVICES

REMARKS:

Guidance Counselor



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PARENTS' ORIENTATION EVALUATION FORM

Layunin po ng sarvey na ito na higit na mapabuti ang mga susunod na oryentasyon na ihahanda namin para sa mga magulang. Hinihingi po ang matapat ninyong kasagutan sa bawat bilang.

Gamitin ang sumusunod na iskala upang ipakita ang antas ng pag – sang – ayon o di pagsang – ayon sa sumusunod na pahayag:

- 5= Matindi ang pag – sang – ayon
- 4= Sumasang – ayon
- 3 = Nyutral
- 2= Di- sumasang – ayon
- 1= Matindi ang di – pagsang – ayon

FM-GCO-12

1. Maayos ang paraan ng pagpapaabot ng impormasyon bago ganapin ang oryentasyon	5	4	3	2	1
2. Nagsimula at nagtapos ang programa sa itinakdang oras.	5	4	3	2	1
3. Ang oryentasyon ay naglalaman ng mga impormasyong mahalagang malaman ng mga magulang/ tagapangalaga.	5	4	3	2	1
4. Malinaw na naipabatid ng mga tagapagsalita ang layunin ng nasabing programa.	5	4	3	2	1
5. Naipaliwanag nang maayos ng mga tagapagsalita ang mga paksa.	5	4	3	2	1
6. Malaya ang mga magulang / tagapangalaga na magtanong.	5	4	3	2	1
7. Nabigyang kasagutan ang mga katanungan ng mga magulang / tagapangalaga.	5	4	3	2	1
8. Nakaaaliw ang mga inihandang bilang para sa mga magulang.	5	4	3	2	1
9. Ang lugar ng pagtitipon ay kaaya – aya.	5	4	3	2	1
10. Nagkaroon ng mabuting ugnayan ang MinSCAT at ang mga magulang / tagapangalaga ng mga estudyante pagkatapos ng oryentasyon	5	4	3	2	1

1. Sa inyong palagay, ano ang kabutihang magagawa ng Parents' Orientation?

2. Anu – ano pang mga paksa/ isyu ang di- natalakay sa oryentasyon ang nais ninyong isama sa mga susunod na pagkakataon.

3. Magbigay ng karagdagang puna o mungkahi upang higit na mapabuti ang mga susunod na Parents' Orientation.

Marami pong salamat sa inyong pakikiisa!



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STUDENT ORIENTATION EVALUATION FORM

This survey is an attempt to evaluate and improve upon the Student Orientation Program available to Mindoro State College of Agriculture and Technology - Main Campus.

Use the following scale to indicate the degree to which you agree or disagree with the following statements.

(5) Strongly agree (4) Agree (3) Neutral (2) Strongly disagree (1) Strongly disagree

FM-GCO-11

1. The orientation contained useful information or programs and services available to me at MinSCAT Main Campus.	5	4	3	2	1
2. The orientation provided me with knowledge of which office to contact if I need help or assistance.	5	4	3	2	1
3. The information and knowledge contained in this orientation met my expectation	5	4	3	2	1
4. I felt that this orientation was directed to me as a student.	5	4	3	2	1
5. The orientation answered all of my questions as a student of this college.	5	4	3	2	1
6. The orientation helped me understand my duties and responsibilities as student.	5	4	3	2	1
7. I felt I am welcome to this institution after this orientation.	5	4	3	2	1
8. The quality of this orientation was excellent.	5	4	3	2	1
9. The information was presented effectively.	5	4	3	2	1
10. After viewing this information, I feel that MinSCAT is interested in helping me attain my goal.	5	4	3	2	1



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Alcate, Victoria Oriental Mindoro

FM-GC-05

GUIDANCE AND COUNSELING OFFICE

STUDENT INFORMATION UPDATING FORM

STUDENT INFORMATION UPDATING FORM							
Name: (Last Name, First Name, and Middle Name)							
Course, Year, and Section:	Semester and School Year:	Estimated Monthly Family Income:					
Permanent/Home Address:		Phone Number:					
Present Address:							
Name of Dormitory/Boarding House and Address (if boarding):		Phone Number:					
Indigenous People: <input type="checkbox"/> Yes (Specify ethnic affiliation: _____) <input type="checkbox"/> No		Physical Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Civil Status: (Please check)		Name of Spouse: (if married)					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Single</td></tr> <tr><td><input type="checkbox"/> Married</td></tr> <tr><td><input type="checkbox"/> With live in Partner</td></tr> <tr><td><input type="checkbox"/> Single Parent</td></tr> </table>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> With live in Partner	<input type="checkbox"/> Single Parent		
<input type="checkbox"/> Single							
<input type="checkbox"/> Married							
<input type="checkbox"/> With live in Partner							
<input type="checkbox"/> Single Parent							
Student's Living Arrangement:							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Living with Parents</td></tr> <tr><td><input type="checkbox"/> Living with a Relative</td></tr> <tr><td><input type="checkbox"/> One/both parents is/are working/living abroad</td></tr> </table>		<input type="checkbox"/> Living with Parents	<input type="checkbox"/> Living with a Relative	<input type="checkbox"/> One/both parents is/are working/living abroad			
<input type="checkbox"/> Living with Parents							
<input type="checkbox"/> Living with a Relative							
<input type="checkbox"/> One/both parents is/are working/living abroad							
Parent's Marital Status: (Please check)							
<input type="checkbox"/> Married	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Not Legally Separated	<input type="checkbox"/> Living together but not legally married				

REFERRAL FORM	
Name of Student:	Course/Year/Section:
Please check the reason/s for your referral: <input type="checkbox"/> Excessive absences <input type="checkbox"/> Always Late <input type="checkbox"/> Often Noisy In Class <input type="checkbox"/> Untidy <input type="checkbox"/> Disrespectful towards others <input type="checkbox"/> Poor Study Habits <input type="checkbox"/> Failing Grade <input type="checkbox"/> Withdrawal from group activities <input type="checkbox"/> Personality adjustment needs <input type="checkbox"/> Not wearing proper uniform/ I.D. <input type="checkbox"/> Needs special types of information Pls. specify _____ Other reasons (please specify) _____	
RECOMMENDED ACTION: <input type="checkbox"/> Counseling <input type="checkbox"/> Call Parents <input type="checkbox"/> Home Visitation <input type="checkbox"/> Case Conference <input type="checkbox"/> Others (please specify) _____ _____	
Date:	Referred by: _____ Signature over printed name

REFERRAL FORM	
Name of Student:	Course/Year/Section:
Please check the reason/s for your referral: <input type="checkbox"/> Excessive absences <input type="checkbox"/> Always Late <input type="checkbox"/> Often Noisy In Class <input type="checkbox"/> Untidy <input type="checkbox"/> Disrespectful towards others <input type="checkbox"/> Poor Study Habits <input type="checkbox"/> Failing Grade <input type="checkbox"/> Withdrawal from group activities <input type="checkbox"/> Personality adjustment needs <input type="checkbox"/> Not wearing proper uniform/ I.D. <input type="checkbox"/> Needs special types of information Pls. specify _____ Other reasons (please specify) _____	
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Date:	Referred by: _____ Signature over printed name



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 Main Campus
 Alcate, Victoria, Oriental Mindoro

FM-GCO-14

REFERRAL FORM

Please list down the names of student/students whom you think should be attended by the guidance counselor. Indicate your reason for referring the student to the guidance office.

Name	Year	Course	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by:

_____ Faculty

_____ Date



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
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 Alcate, Victoria, Oriental Mindoro

FM-GCO-14

REFERRAL FORM

Please list down the names of student/students whom you think should be attended by the guidance counselor. Indicate your reason for referring the student to the guidance office.

Name	Year	Course	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by:

_____ Faculty



Guidance and Counseling Office
**COUNSELING STUDENTS WITH
 PERSONAL/SOCIAL PROBLEM(S) FORM**

FM-GCO-21
Name: _____ **Course/Year:** _____ **Contact No.:** _____
Address: _____ **Age:** _____ **Sex:** _____ **Date:** _____

Presenting Problem:

Identified Personal/Social Problem: (You can check more than one)

- | | |
|--|---|
| <input type="checkbox"/> Self-Development | <input type="checkbox"/> Social Relationship (Peer/Friends/Boy-Girl relationship) |
| <input type="checkbox"/> Family Relationship | <input type="checkbox"/> Others (pls. specify): _____ |

Action Taken by the Counselor (Note: To be filled-out by the Guidance Counselor only.)

- | | |
|---|--|
| <input type="checkbox"/> Counseled (Further follow-up not needed) | <input type="checkbox"/> Referred to _____ |
| <input type="checkbox"/> For Follow-up Counseling | |
| Date of appointment: _____ Time: _____ | |

Counselor's Remarks:

Guidance Counselor's Signature



Guidance and Counseling Office
**COUNSELING STUDENTS WITH
 PERSONAL/SOCIAL PROBLEM(S) FORM**

FM-GCO-21
Name: _____ **Course/Year:** _____ **Contact No.:** _____
Address: _____ **Age:** _____ **Sex:** _____ **Date:** _____

Presenting Problem:

Identified Personal/Social Problem: (You can check more than one)

- | | |
|--|---|
| <input type="checkbox"/> Self-Development | <input type="checkbox"/> Social Relationship (Peer/Friends/Boy-Girl relationship) |
| <input type="checkbox"/> Family Relationship | <input type="checkbox"/> Others (pls. specify): _____ |

Action Taken by the Counselor (Note: To be filled-out by the Guidance Counselor only.)

- | | |
|---|--|
| <input type="checkbox"/> Counseled (Further follow-up not needed) | <input type="checkbox"/> Referred to _____ |
| <input type="checkbox"/> For Follow-up Counseling | |
| Date of appointment: _____ Time: _____ | |

Counselor's Remarks:



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FM-GCO-31

(Follow up) Performance Evaluation Form

Employee Name: _____

Position: _____

Date of Evaluation: _____

The Mindoro State College of Agriculture and Technology (MinSCAT) is currently in the process of evaluation and follow-up of its graduates to determine how far they have reached in the exercise of their profession and what additional assistance the college can offer to them. In the evaluation process, objective and accurate ratings will be most helpful in identifying the strengths and weakness of the employees as an input in the future curricular revision and improvement of the educational services of the College.

May we request your assistance and support to fill in the information needed.

Instruction: The following rating scale will be used to evaluate the performance of our graduates.

Rating	Description
5	Outstanding
4	Very Satisfactory
3	Satisfactory
2	Fair
1	Poor

Direction: Please check the appropriate column that best describe the performance of our graduates.

No.	Criteria	5	4	3	2	1
1.	Demonstrates respect for his/her superiors, colleagues and subordinates and shows willingness to work with others.					
2.	Abides by the department/company policies.					
3.	Completes the volume of works, required/assigned under normal condition and meets the standard set for the job.					
4.	Plans the processes necessary to carry out and complete the tasks at hand.					
5.	Show flexibility in dealing with specific situations, demonstrate sense of accountability for action and decisions made.					
6.	Demonstrates consistency in assuming responsibilities and show ability to influence others (ideas, opinions, decisions).					
7.	Shows willingness and commitment to perform other tasks due to exigencies of services.					
8.	Demonstrates professional flexibility and capability to handle a variety of assigned tasks.					
9.	Observes safety precautions in the work place.					
10.	Maintains professionalism at all times.					
11.	Ensures to promote integrity in the conduct of his/her functions and responsibilities.					
12.	Submits required reports on time.					
13.	Exhibits punctuality and regular work attendance.					

Name of Evaluator : _____ Position: _____

Signature : _____ Date : _____

Comments : _____

Thank you and God bless !



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
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Alcate, Victoria, Oriental Mindoro

Guidance and Counseling Office

PEER FACILITATOR APPLICATION FORM

FM-GCO-32

Name: (Last, First, Middle Initial)	Course/Year:	Gender:	Civil Status:
Semester/School Year:	Scholarship (if any):	Contact No.	
Religious Affiliation:	Citizenship		
Home Address:			
Present Address (if boarder, Name, Address of Dormitory or Boarding House)			
Father (Last, First, Middle)	Occupation		
Mother (Last, First, Middle)	Occupation		
Number of Siblings in the Family:	Rank/Order in the Family:		
Talents/Skills			
Hobbies:			
Organizational Affiliation/s	Position	Period Covered	

CLASS SCHEDULE

Subject	Day	Time	Room	Instructor

Why do you want to become a peer facilitator?



Republic of the Philippines
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FM-GCO-28

OFFICE OF THE GUIDANCE COUNSELOR

CERTIFICATE OF GOOD MORAL CHARACTER

This is to certify that _____ is a third year student
of this College with the degree of _____ on
_____.

As Guidance Counselor of this College, I can vouch for her
integrity, moral character and good habits. Furthermore, she has not
been marred of any record of misconduct during her stay in this
institution.

Issued this ____ day of _____ at Mindoro State
College of Agriculture and Technology, _____, Oriental
Mindoro

Guidance Counselor III

Not valid without
the College dry seal



Republic of the Philippines
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 Alcate, Victoria, Oriental Mindoro

FM-GCO-22

OFFICE OF THE GUIDANCE COUNSELOR
Student Needs Assessment Survey

Name _____ Course & Year _____ Date _____
 Age ___ Gender ___ Civil Status ___ Home Address _____

The following are some of the needs experienced by people of your age. Please indicate with a check the extent to which it is important to you using the following scale:

- 1 - Not important at all
- 2 - Slightly Important
- 3 - Important
- 4 - Very Important

AREAS OF CONCERN	1	2	3	4
A. Self-Development				
1. Knowing and understanding myself better				
2. Getting rid of my fear/phobia				
3. Managing my time				
4. Planning my life				
5. Developing/improving of my self-confidence				
6. Developing/improving of my self-esteem				
7. Discovering my interest, abilities and new talents and develop them				
8. Improving my appearance				
9. Adjusting to a new environment and learn more about the world outside				
10. Getting rid of personal vices and uncontrollable habits (drugs, alcohol, smoking, stealing, violence, gambling, computer addiction, gadgets addiction (cell phone, mp4, etc.))				
B. Family Relationships				
1. Improve the relationships with my parents				
2. Improve the relationships with my siblings (brothers/sisters)				
3. Develop the ability to discuss problems with parents				
4. Assist parents how to handle their children effectively				
5. Cope with the expectations/demands of parents/family members				
6. Manage siblings in a parentless home				
7. Help parents manage stress/marital problems (please underline)				
8. Relate with a step parent/ step siblings (please underline)				
9. Live with relatives				
10. Balance between separated parents				
C. Social Relationships				
1. Establish good relationship with other people				
2. Make myself attractive to others				
3. Handle a wholesome relationship towards opposite sex				
4. Handle peer pressure				
5. Cope up with unhealthy/failed relationships				
6. Develop the ability to avoid being taken advantage of				
7. Settle quarrels with/among friends/reconcile with friends				
8. Deal effectively with bullies/nasty people				
9. Know how to choose friends				



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AREAS OF CONCERN	1	2	3	4
D. Academic, Career and Studies				
1. Understand my lessons/get better grades				
2. Identify one's abilities, interests, and capabilities				
3. Participation in intra and extra curricular activities and athletics				
4. Develop study habits				
5. Strengthen one's vocational choice				
6. Develop confidence in recitations and discussions				
7. Find time to finish assignments and get rid of test anxiety				
8. Talk to teacher about difficulty in understanding lessons				
9. Balance between work at home and studies				
10. Possess knowledge regarding different career choices				
E. Special Social Issues				
1. Learn more about verbal abuse/ physical abuse, sexual abuse/harassment				
2. Learn more about emotions (handle anger, grief, love)				
3. Handle experiences of abuse (verbal/physical/sexual/harassment)				
4. Handle adjustments caused by financial crisis				
5. Handle effects of disaster/crisis/calamities				
6. Handle stress				
7. Cope with losses (separation, abandonment, death, OFW)				
8. Being aware of one's social responsibility				
9. Deal with parents' extramarital affairs				
10. Learn more about dealing with disturbing behaviors				

Please feel free to write down any additional needs or concerns that you wish the Guidance Counselor would address:

Thank you and God bless!

WORK EXPERIENCE

Please check the appropriate box according to your type of employment.

Employed

History of Employment (Include private employment. Start from most recent work experience.)

Inclusive Dates of Employment		Institution/Company Name	Institution/Company Address	Position Title	Employment Status
From	To	(Please write in full)			
					Permanent <input type="checkbox"/>
					Contractual <input type="checkbox"/>
					Casual <input type="checkbox"/>

Self-employed Please specify type of business _____

Since when? _____

Reason/s _____

Unemployed

Since when? _____

Reason/s _____

Please answer the following questions briefly:

1. Are you satisfied with your job right now? YES NO
State your reasons _____

2. Kindly state your reason/s of accepting your present job.

3. What are the benefits you derived from your job? Please specify.



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FM-GCO-30

SURVEY INSTRUMENT

Dear MinSCAT Graduates:

Good day!

The **Mindoro State College of Agriculture and Technology** is conducting a study on *Employability Status of Graduates*, which covers the period from A.Y. 2014-2015 to 2016-2017. Relative to this may we request for your kind assistance and support to fill in the information needed in this survey instrument.

Information that will be gathered will be highly appreciated and which will in turn contribute much to the realization of determining the applicability and effectiveness of the course you have finished to your present work. Rest assured that all your answers are confidential.

Your cooperation is highly appreciated. Thank you and God bless!

Very truly yours,

MinSCAT Guidance Counselors

PERSONAL INFORMATION

Name _____
Surname First Name Middle Name

Date of Birth _____ Age _____ Gender _____ Civil Status _____

Present Address _____

Permanent Address _____

Contact Nos: Cellphone _____ Landline _____

Email Address _____

EDUCATIONAL BACKGROUND

Level	Name of School	Degree/ Course	Major Field of Specialization	Year Graduated
Tertiary				
Graduate Studies Master's				



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Alcate, Victoria, Oriental Mindoro



INDIVIDUAL STUDENT INVENTORY FORM

FM-GCO-06

Student ID No. _____ Date Filled _____
 Name _____ Nickname _____
 Age _____ Date of Birth _____ Place of Birth _____
 Gender _____ Civil Status _____ Nationality _____
 Birth Order Among Siblings _____ No. Of Brother/s _____ Sister/s _____
 Current Address _____
 Permanent Address _____
 Landline _____ Mobile No. _____ E-mail Address _____
 Languages/Dialects Spoken at Home _____
 Languages/Dialects Most Fluent In _____
 Religion from Birth _____ Current Religion _____

Father (Mark with \bar{T} if deceased)	Mother (Mark with \bar{T} if deceased)
Name _____	_____
Date of Birth _____	_____
Place of Birth _____	_____
Current Address _____	_____
Permanent Address _____	_____
Contact No. _____	_____
Educational Attainment _____	_____
Occupation _____	_____
Annual Income _____	_____
Language/s Spoken _____	_____
Religion Raised With _____	_____
Current Religion _____	_____

Annual Family Income: no income not over P10k over P10k-P30k over P30k-P70k
 over P70k-P140k over P140k-P250k over P250k over 500k and above

Other source of financial support _____

Parents

_____ Living Together	_____ Temporarily Separated
_____ Permanently separated	_____ Father OFW
_____ Marriage Annulled/Legally Separated	_____ Mother OFW
_____ Father with another Partner	_____ Mother with another partner

(Please name below siblings from eldest to youngest. Include yourself.)

Name of Siblings	School/Place of Work	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian (if not living with parents) _____
 Address _____
 Contact No. _____
 Relationship with Guardian _____

Educational Background

Level	School Attended	Inclusive Dates of Attendance	Scholarships/Academic /Honors Received
Elementary			
Secondary			
Vocational/Trade Course			
College			

Easiest Subjects _____
 Most Difficult Subjects _____
 Subjects with Lowest Grades/What Grades _____
 Subjects with Highest Grades/What Grades _____
 Awards/Honors Received _____
 Plan after College _____

Unique Features

Friends: In School _____
 Outside School _____
 Special Interest/s _____
 Special Skills/Talents _____
 Hobbies/Recreational Activities _____
 Ambitions/Goals _____
 Guiding Principle in Life/Motto _____
 Characteristic that describe you best _____

Present Concerns/Problems _____

Present Fears _____
 Any health problem/illness _____

General State of Health

Chief/ common health concern: headache stomach trouble cold-flu throat trouble allergies asthma
 Vision: normal defective _____ Auditory(hearing): normal defective _____
 Medicines/Vitamins Regular Taken _____
 Accident/operations experienced/ effect _____

Personality Profile

____ well groomed
 ____ generous
 ____ friendly/outgoing
 ____ good natured
 ____ conforming
 ____ preferred by group
 ____ takes charge when assigned
 ____ emotionally stable

____ confident
 ____ works well with others
 ____ works promptly & thoroughly
 ____ volunteers to lead
 ____ resourceful
 ____ self-controlled
 ____ polite
 ____ conscientious

____ creative
 ____ organize
 ____ truthful
 ____ cautious
 ____ habitually silent
 ____ adaptable
 ____ industrious
 ____ active



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minscatcalapanctb@gmail.com
Tel/Fax No. 043-2862368

BONGABONG CAMPUS
Labasan, Bongabong
minscat_bongabong@yahoo.com
Tel/Fax No. 043-2835570

Guidance and Counseling Office
Interview Sheet

FM-GCO-33

Name of Student : _____
Date: _____

Rating : _____

PART I

QUESTIONS	WEIGHT	RATING
1. Will you tell something about yourself? *Name/Age/Address/School from where graduated/ Honors received/Talents/Skills	15%	
2. Why do you intend to take _____, is this your choice?	10%	
3. In what subjects are you good/bad at?	5%	
4. Why did you choose this school to enroll in?	15%	
5. Did anybody force you to pursue your studies in this school?	10%	
6. What do you expect from this school?	15%	
7. Do you believe that you can be fully developed as a worthy individual in this school?	10%	
8. Are you willing to abide with the policies, rules and regulations of this school if ever you will be allowed to enrol here?	10%	
9. What do you think are your possible contributions to this school if you will be allowed to enroll here? Why?	10%	
TOTAL	100%	

PART II

INDICATORS	YES / NO
The applicant:	
1. can speak English fluently and clearly.	
2. can understand the questions easily.	
3. answers the questions with correct use of grammar.	
4. has a personality suited to be a future teacher.	
5. has impressive thoughts and ideas.	

Remarks: _____

Interviewer's Signature Above Printed Name



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Alcate, Victoria
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BONGABONG CAMPUS
Labasan, Bongabong
minscat_bongabong@yahoo.com
Tel/Fax No. 043-2835570

Guidance and Counseling Office
Interview Sheet

-33

Student : _____

Rating : _____

QUESTIONS	WEIGHT	RATING
1. Will you tell something about yourself? *Name/Age/Address/School from where graduated/ Honors received/Talents/Skills	15%	
2. Why do you intend to take _____, is this your choice?	10%	
3. In what subjects are you good/bad at?	5%	
4. Why did you choose this school to enroll in?	15%	
5. Did anybody force you to pursue your studies in this school?	10%	
6. What do you expect from this school?	15%	
7. Do you believe that you can be fully developed as a worthy individual in this school?	10%	
8. Are you willing to abide with the policies, rules and regulations of this school if ever you will be allowed to enrol here?	10%	
9. What do you think are your possible contributions to this school if you will be allowed to enroll here? Why?	10%	
TOTAL	100%	

INDICATORS	YES / NO
The applicant:	
1. can speak English fluently and clearly.	
2. can understand the questions easily.	
3. answers the questions with correct use of grammar.	
4. has a personality suited to be a future teacher.	
5. has impressive thoughts and ideas.	

Interviewer's Signature Above Printed Name



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Main Campus
 Alcate, Victoria, Oriental Mindoro

INTAKE INTERVIEW RECORD

FM-GCO-09 _____ Date

Name: _____ Sex: _____ Age: _____

Course: _____ Year: _____ Student No.: _____

Contact No. : _____ Adviser: _____

Address: _____

Guardian's Name: _____

Address: _____ Contact No. : _____

Summary of the Interview:

Comments and Recommendations:

Action Taken by the Counselor:
 _____ Counseled (Further Follow-Up) _____ Referred to _____
 _____ For Follow-Up Counseling

 Guidance Counselor's Signature



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Main Campus
 Alcate, Victoria, Oriental Mindoro

INTAKE INTERVIEW RECORD

FM-GCO-09 _____ Date

Name: _____ Sex: _____ Age: _____

Course: _____ Year: _____ Student No.: _____

Contact No. : _____ Adviser: _____

Address: _____

Guardian's Name: _____

Address: _____ Contact No. : _____

Summary of the Interview:

Comments and Recommendations:

Action Taken by the Counselor_____
 _____ Counseled (Further Follow-Up) _____ Referred to _____
 _____ For Follow-Up Counseling



Guidance and Counseling Office

Intake Interview

New Student Returning Transferee Shifter

Student's Personal Information:

Name _____ Course/Year/Major _____ Date _____
Session No. _____ Time _____ Contact Number _____

- Voluntary
- Referral
- Routine Interview

Presenting Problem

Goal of the Session

Recommendations

Action Taken

Guidance Counselors Sign



EVALUATION OF GUIDANCE COUNSELOR

Name: _____ Course: _____ School Year: _____

Directions: For each statement below, please check the empty box that best corresponds in every statement.

RATING:

- 4- Outstanding
- 3- Very Good
- 2- Good
- 1- Fair

FM-GCO-24

A. PROFESSIONAL COMPETENCIES	4	3	2	1
1. Plans, implements and evaluates a comprehensive program of guidance activities.				
2. Implements guidance services in an efficient and orderly manner.				
3. Plans, implements counseling strategies suited to the clients' needs.				
4. Coordinates with the faculty and other members of the college.				
5. Maintains confidentiality of guidance data and materials.				
6. Demonstrates accuracy and thoroughness in performing one's task.				
7. Accomplishes assigned task on time.				
8. Shows initiative and resourcefulness in one's job.				
9. Demonstrates openness to new ideas and methods.				
10. Seeks new knowledge and skills in order to develop further proficiency in one's job.				
B. PERSONAL TRAITS AND ATTITUDES				
1. Approachable, respectful, discreet and concerned in his/her dealing with friends, staffs, faculty, administrations and parents.				
2. Contributes to a healthy human relations climate.				
3. Demonstrates dignity and refinement in dress and bearing.				
4. Manifest a sense of responsibility and readiness to support school objectives and policies.				
5. Participates actively in meetings and other school functions.				

COMMENTS: _____



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Main Campus
 Alcate, Victoria, Oriental Mindoro

GUIDANCE AND COUNSELING SERVICES EVALUATION FORM

Dear Students,

We would like to know the status of the guidance program and its capability to meet the needs of the students. May we ask you to rate the delivery of guidance services by responding to this instrument.

Direction: Please assess the effectiveness of our guidance services. Encircle the number that best describes the level of punctuality of the guidance services through the use of the following scale.

- 4- Evident
- 3- Moderately Evident
- 2- Needs Improvement
- 1- Not Evident

FM-GCO-23

GUIDANCE SERVICES	RESPONSES			
A. INDIVIDUAL INVENTORY SERVICE				
1. Keeps student individual identification form confidential.	4	3	2	1
2. Uses test results to analyze and further understand students' behavior.	4	3	2	1
3. Uses folder-typed cumulative records.	4	3	2	1
4. Uses student records as basis in serving the needs and interests of students.	4	3	2	1
5. Uses individual records in understanding learner's development.	4	3	2	
B. INFORMATION SERVICE				
1. Organizes and conducts student orientation at the start of the school year.	4	3	2	1
2. Resource persons are invited for educational and occupational information.	4	3	2	1
3. Makes available to the students educational and occupational information through brochures, flyers, bulletin board, posters and etc.	4	3	2	1
4. Disseminates information regarding application and admission requirements to students.	4	3	2	1
5. Facilitates enrollment campaign through career orientation.	4	3	2	1
C. COUNSELING SERVICES				
1. Conducts regular counseling sessions.	4	3	2	1
2. Maintains an organized counseling service.	4	3	2	1
3. Keeps records of all counseling interviews.	4	3	2	1
4. Provides counseling services based on the client needs.	4	3	2	1
5. Confers with the dean for instruction director for student welfare services about students who need special attention.	4	3	2	1
D. TESTING SERVICE				
1. There is a systematic and continuing testing program.	4	3	2	1
2. Provides sufficient number of testing materials for students' needs.	4	3	2	1



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 Main Campus
 Alcate, Victoria, Oriental Mindoro

3. Uses test results for evaluating and assessing the students' achievement, interests and needs.	4	3	2	1
4. Uses a well-ventilated and well-lighted testing room free from distractions.	4	3	2	1
5. Keeps test information records which will aid the study of students regarding their personal, social and educational concerns.	4	3	2	1
E. PLACEMENT SERVICE				
1. Helps students achieve satisfactory adjustments to the present year they are enrolled.	4	3	2	1
2. Gathers information about students' educational needs.	4	3	2	1
3. Helps students in choosing their major field where they are mostly to excel.	4	3	2	1
4. Assists individuals in making wise choices and in taking the necessary steps upon entering into the workplace of their choice.	4	3	2	1
5. Helps students in making appropriate plans in order that they may find a suitable place for themselves in any business firm/establishment.	4	3	2	1
F. FOLLOW-UP SERVICE				
1. Makes regular follow-up on the progress in the academic performance of students with failing grades.	4	3	2	1
2. Monitor the changes on the behavior of the students with problems.	4	3	2	1
3. Makes follow-up of students who often times cut classes.	4	3	2	1
4. Monitor the attendance of students who are always absent.	4	3	2	1
5. Keeps an up to date information or tracer study of those who have graduates from the institution.	4	3	2	1



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria Oriental Mindoro
GUIDANCE AND COUNSELING OFFICE

EXIT INTERVIEW FOR GRADUATING STUDENTS

FM-GCO-25
Form -A

Last Name:	First Name:	Middle Name:
Birthday:	Age:	Birth place:
Sex:	Civil Status:	Citizenship:
Tel/Cel.No:	Course/Yr./Sec.:	College:
Semester/School Year Started College:	Semester/School Year Finished College:	Number of Years in College:
Home Address:		
Reasons for completing the course in less/more than the prescribed years:		
Areas you think that need improvement in the College:		
Plans after Graduation: (Pls. Check your choice on the space provided)		
<input type="checkbox"/> Continue my studies <input type="checkbox"/> Look for a job <input type="checkbox"/> Go abroad <input type="checkbox"/> Take some time to rest <input type="checkbox"/> Others (Pls. specify) _____		
Where to be contacted after graduation		
Signature:	Date:	



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria Oriental Mindoro
GUIDANCE AND COUNSELING OFFICE

EXIT INTERVIEW FOR GRADUATING STUDENTS

FM-GCO-25
Form -A

Last Name:	First Name:	Middle Name:
Birthday:	Age:	Birth place:
Sex:	Civil Status:	Citizenship:
Tel/Cel.No:	Course/Yr./Sec.:	College:
Semester/School Year Started College:	Semester/School Year Finished College:	Number of Years in College:
Home Address:		
Reasons for completing the course in less/more than the prescribed years:		
Areas you think that need improvement in the College:		
Plans after Graduation: (Pls. Check your choice on the space provided)		
<input type="checkbox"/> Continue my studies <input type="checkbox"/> Look for a job <input type="checkbox"/> Go abroad <input type="checkbox"/> Take some time to rest <input type="checkbox"/> Others (Pls. specify) _____		
Where to be contacted after graduation		
Signature:	Date:	



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Main Campus
Alcate, Victoria, Oriental Mindoro

FM-GCO-26 –Form B

EXIT INTERVIEW FOR GRADUATING STUDENTS

Name _____ Course _____ Date _____

Name of Parent/Guardian _____

Permanent Address _____

Answer the following questions:

1. What are your plans after graduation? Are you planning to apply for a job? If yes, where and what institution/agency?
2. What are some of the difficulties that you encountered during your stay in MinSCAT?
3. Please give your suggestions for the improvement of our services, curriculum and activities.
4. Your recommendations are welcome.



FM-GCO-27

EXIT INTERVIEW FOR DROP-OUT/TRANSFER-OUT STUDENT

Name: _____ Age: _____ Gender: _____ Religion: _____ Civil Status: _____

Course: _____ Year Enrolled: _____ Year of Exit: _____ No. Of Year In College _____

Home Address: _____ Present Address: _____

Contact Number: _____ Email Address: _____

Contact Person: _____ His/Her Contact No.: _____

1. Why did you decided to drop/transfer? Please explain.

2. What are your plans after dropping your course/ transferring? Please specify and explain.

3. What are some worth- while experiences you had in the college? Please specify and explain.

4. What are some frustration you had in the college? Please specify and explain.

5. What were the subject you liked most? Please specify and explain.

6. What were the subject you disliked most? Please specify and explain.

7. Are you satisfied with the quality of education you've received from this Institution? Why and how ?

8. What are your suggestions for the college to improve its services?

9. Would you recommend/promote MinSCAT to your friends, relatives or acquaintances? Why?



Guidance and Counseling Office
**COUNSELING STUDENTS WITH
CAREER PROBLEM(S) FORM**

FM-GCO-20

Name: _____ Course/Year: _____ Contact No.: _____

Address: _____ Age: _____ Sex: _____ Date: _____

Presenting Problem:

Identified career related concern: (You can check more than one)

- | | |
|--|--|
| <input type="checkbox"/> Acquire career knowledge, skills, & abilities | <input type="checkbox"/> Improve employment marketability |
| <input type="checkbox"/> Improve decision making skills | <input type="checkbox"/> Promoting effective job placement |
| <input type="checkbox"/> Increase self-esteem and motivation | <input type="checkbox"/> Maximize career opportunities |
| <input type="checkbox"/> Build interpersonal effectiveness | <input type="checkbox"/> Others (please specify): _____ |
| <input type="checkbox"/> Labor market/workplace orientation | |

Action Taken by the Counselor (Note: To be filled-out by the Guidance Counselor only.)

- | | |
|---|--|
| <input type="checkbox"/> Counseled (Further follow-up not needed) | <input type="checkbox"/> Referred to _____ |
| <input type="checkbox"/> For Follow-up Counseling | |
| Date of appointment: _____ Time: _____ | |

Counselor's Remarks:

Guidance Counselor's Signature



Guidance and Counseling Office
**COUNSELING STUDENTS WITH
CAREER PROBLEM(S) FORM**

FM-GCO-20

Name: _____ Course/Year: _____ Contact No.: _____

Address: _____ Age: _____ Sex: _____ Date: _____

Presenting Problem:

Identified career related concern: (You can check more than one)

- | | |
|--|--|
| <input type="checkbox"/> Acquire career knowledge, skills, & abilities | <input type="checkbox"/> Improve employment marketability |
| <input type="checkbox"/> Improve decision making skills | <input type="checkbox"/> Promoting effective job placement |
| <input type="checkbox"/> Increase self-esteem and motivation | <input type="checkbox"/> Maximize career opportunities |
| <input type="checkbox"/> Build interpersonal effectiveness | <input type="checkbox"/> Others (please specify): _____ |
| <input type="checkbox"/> Labor market/workplace orientation | |

Action Taken by the Counselor (Note: To be filled-out by the Guidance Counselor only.)

- | | |
|---|--|
| <input type="checkbox"/> Counseled (Further follow-up not needed) | <input type="checkbox"/> Referred to _____ |
| <input type="checkbox"/> For Follow-up Counseling | |
| Date of appointment: _____ Time: _____ | |

Counselor's Remarks:



REPUBLIC OF THE PHILIPPINES
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria, Oriental Mindoro

FM-GC-16

OFFICE OF THE GUIDANCE COUNSELOR
CALL SLIP

Name: _____
Course & Year: _____
Date: _____
Time: _____
Re: _____

Adviser

Guidance Counselor



REPUBLIC OF THE PHILIPPINES
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria, Oriental Mindoro

FM-GC-16

OFFICE OF THE GUIDANCE COUNSELOR
CALL SLIP

Name: _____
Course & Year: _____
Date: _____
Time: _____
Re: _____

Adviser

Guidance Counselor



REPUBLIC OF THE PHILIPPINES
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria, Oriental Mindoro

FM-GC-16

OFFICE OF THE GUIDANCE COUNSELOR
CALL SLIP

Name: _____
Course & Year: _____
Date: _____
Time: _____
Re: _____

Adviser

Guidance Counselor



REPUBLIC OF THE PHILIPPINES
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria, Oriental Mindoro

FM-GC-16

OFFICE OF THE GUIDANCE COUNSELOR
CALL SLIP

Name: _____
Course & Year: _____
Date: _____
Time: _____
Re: _____

Adviser

Guidance Counselor



REPUBLIC OF THE PHILIPPINES
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria, Oriental Mindoro

FM-GC-16

OFFICE OF THE GUIDANCE COUNSELOR
CALL SLIP

Name: _____
Course & Year: _____
Date: _____
Time: _____
Re: _____

Adviser

Guidance Counselor



REPUBLIC OF THE PHILIPPINES
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria, Oriental Mindoro

FM-GC-16

OFFICE OF THE GUIDANCE COUNSELOR
CALL SLIP

Name: _____
Course & Year: _____
Date: _____
Time: _____
Re: _____

Adviser

Guidance Counselor



Republic of the Philippines

MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY

Alcate, Victoria Oriental Mindoro

GUIDANCE AND COUNSELING OFFICE

Title of the Activity: _____

Date : _____ Time _____ Venue _____

Attendance Sheet

FM-GCO-10

No.	Name	Course & Year	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			



MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY

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Tel/Fax No. 043-2862368

BONGABONG CAMPUS

Labasan, Bongabong

minscat_bongabong@yahoo.com

Tel/Fax No. 043-2835570

FM-GCO-01

APPLICATION FORM FOR ENTRANCE EXAMINATION

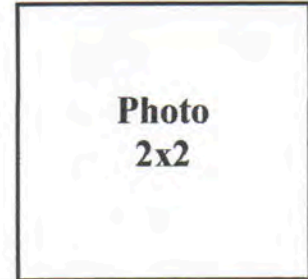


Photo
2x2

COURSE: (1st choice) _____ Date: _____
(2nd choice) _____

Applicant Status: ___ New ___ Returnee ___ Transferee

NAME

Last Name _____ First Name _____ Middle Name _____

SCHOOL LAST ATTENDED

School Address _____
General Average _____ Date of Graduation: _____

Age: _____ Date of Birth: _____ Place of Birth: _____
Gender: _____ Nationality: _____ Civil Status: ___ Single ___ Married
Religion: _____

CONTACT INFORMATION
Complete Present Address: _____

Contact No. _____ Mobile No. _____
Person to contact in case of emergency _____
Relationship _____ Contact No.: _____

FAMILY BACKGROUND

	FATHER	MOTHER
Name	_____	_____
Address	_____	_____
Birthdate	_____	_____
Nationality	_____	_____
Religion	_____	_____
Educational Attainment	_____	_____
Occupation	_____	_____
Contact No.	_____	_____

Signature of Applicant

INSTRUCTIONS:

1. Fill out the items correctly.
2. Present this form at the MinSCAT Guidance Office together with the following requirements.

FOR FRESHMEN

- a. Report Card (Form 138)
- b. Certificate of Good Moral Character
- c. Copy of Birth Certificate from NSO
- d. 2 copies of 2x2 ID picture

FOR TRANSFEREES

- a. Transfer Credential
- b. Certificate of Good Moral Character
- c. Copy of Grades for Evaluation Purposes
- d. Copy of Birth Certificate from NSO
- e. 2 copies of 2x2 ID picture

3. Pay Php 100.00 for the testing fee at Cashier's Office.
4. Present the validated receipt of payment to the Guidance Counselor.

REMINDERS:

1. Entrance Test will only be given to the applicants with complete admission requirements.
2. Bring the original and photocopy of your credentials.
3. Bring **pencil with eraser** when you take the entrance examination.



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 MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Main Campus
 Alcate, Victoria, Oriental Mindoro

Paste 2x2 ID
 picture

GUIDANCE AND COUNSELING OFFICE

APPLICATION FORM FOR ENTRANCE EXAMINATION

FM GCO-HS 02

Date: _____

TRACKS:
 1. Academic Track 2. TVL Track
 GAS ___ HUMSS ___ STEM ___ ICT ___ Agriculture ___

Name: _____
 Last Name First Name Middle Name

GRADE LEVEL: Grade 7 Grade 11

SCHOOL LAST ATTENDED _____

School Address _____
 General Average _____
 Age ___ Date of Birth _____ Place of Birth _____
 Gender ___ Nationality ___ Civil Status ___ Single ___
 Religion ___ Contact No. _____
 Complete Present Address _____
 Person to contact in case of emergency _____
 Relationship ___ Contact No. _____
 Address _____

Name	Father	Mother
Address		
Birthdate		
Nationality		
Religion		
Educational Attainment		
Occupation		
Contact No.		

 Signature of Applicant

INSTRUCTION

1. Fill out this form at the MinSCAT Guidance Office together with the following requirements.

FOR GRADE 7

a. Report card
 b. Certificate of Good Moral Character
 c. Copy of Birth Certificate from NSO
 d. 2copies of 2x2 ID picture

FOR GRADE 11

a. Report Card
 b. Certificate of Good Moral Character
 c. Copy of Birth Certificate from NSO
 d. 2copies of 2x2 ID picture
 e. NCAE Results

2. Pay Php 100.00 for the testing fee at cashier's Office
 3. Present the validated receipt of payment to the Guidance Counselor.

REMINDERS:

1. Bring the original and PHOTOCOPY of your credentials.
 2. Bring pencil with eraser when you take the entrance examination.

RESULTS OF ENTRANCE EXAMINATION

Receipt No. _____

Date of Examination: _____

English	Science	Mathematics	Araling Panlipunan	Total Score	Rating

CREDENTIALS SUBMITTED (Photocopy)

For Grade 7	For Grade 11
___ Report Card (Form 138)	___ Report Card (Form 138)
___ Certificate of Good Moral Character	___ Certificate of Good Moral Character
___ Copy of Birth Certificate from NSO	___ Certificate of Birth Certificate from NSO
2 copies of 2x2 ID picture	2 copies of 2x2 ID picture



Mindoro State College of Agriculture and Technology

Alcate, Victoria, Oriental Mindoro 5205 Philippines

Main Campus Bongabong Campus Calapan City Campus
Alcate, Victoria Labasan, Bongabong Masipit, Calapan City

e-mail address: minscol_main@yahoo.com

Tel.: +639178156228

Fax: (+63) (43)2862368

NAME: _____ DATE OF EXAMINATION: _____

SCHOOL LAST ATTENDED: _____

COURSE APPLIED FOR: _____ OR # _____

GENDER: _____ SCHOLARSHIP APPLIED/AVAILED: _____ TOTAL SCORE: _____

EXAMPLE: A B C D

GENERAL INFORMATION

- | | | | | |
|---|---|---|---|---|
| 1. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | 11. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | 21. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | 31. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | 41. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
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MATHEMATICS

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ENGLISH

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M-GC-14

GUIDANCE AND COUNSELING OFFICE

ACKNOWLEDGEMENT SLIP

This is to acknowledge _____ who came to the Guidance Office on _____ for the following guidance services:

<input type="checkbox"/>	Individual Inventory	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Information	<input type="checkbox"/>	Follow Up
<input type="checkbox"/>	Conference	<input type="checkbox"/>	Exit Interview

Guidance Counselor

FM-GC-14

GUIDANCE AND COUNSELING OFFICE

ACKNOWLEDGEMENT SLIP

This is to acknowledge _____ who came to the Guidance Office on _____ for the following guidance services:

<input type="checkbox"/>	Individual Inventory	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Information	<input type="checkbox"/>	Follow Up
<input type="checkbox"/>	Conference	<input type="checkbox"/>	Exit Interview

Guidance Counselor

FM-GC-14

GUIDANCE AND COUNSELING OFFICE

ACKNOWLEDGEMENT SLIP

This is to acknowledge _____ who came to the Guidance Office on _____ for the following guidance services:

<input type="checkbox"/>	Individual Inventory	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Information	<input type="checkbox"/>	Follow Up
<input type="checkbox"/>	Conference	<input type="checkbox"/>	Exit Interview

Guidance Counselor

FM-GC-14

GUIDANCE AND COUNSELING OFFICE

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<input type="checkbox"/>	Conference	<input type="checkbox"/>	Exit Interview

Guidance Counselor



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria Oriental Mindoro

FM-GCO-16

GUIDANCE AND COUNSELING OFFICE
ADMISSION SLIP

_____ Date

To Whom It May Concern,

Kindly accept _____ of _____
into your class/college/department today. He/she already had undergone Academic Counseling/Behavior
Modification regarding:

- Failures
 - Absences
 - Student Violation
- Specify _____

Respectfully yours,

_____ Guidance Counselor



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria Oriental Mindoro

FM-GCO-16

GUIDANCE AND COUNSELING OFFICE
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Modification regarding:

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 - Absences
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Respectfully yours,

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Guidance and Counseling Office
**COUNSELING STUDENTS WITH
 ACADEMIC PROBLEM(S) FORM**

FM-GCO-19
Name: _____ **Course/Year:** _____ **Contact No.:** _____
Address: _____ **Age:** _____ **Sex:** _____ **Date:** _____

Subject(s) with Problem/Deficiency:

Identified causes of Academic Problems/Deficiencies: (You can check more than one)

- | | |
|--|--|
| <input type="checkbox"/> Absences | <input type="checkbox"/> Difficulty understanding the course/subject |
| <input type="checkbox"/> Time management problem | <input type="checkbox"/> Family problem |
| <input type="checkbox"/> Teacher Factor | <input type="checkbox"/> Personal problem |
| <input type="checkbox"/> Study Habits problem | <input type="checkbox"/> Others (please specify): _____ |

Action Taken by the Counselor (Note: To be filled-out by the Guidance Counselor only.)

- | | |
|---|--|
| <input type="checkbox"/> Counseled (Further follow-up not needed) | <input type="checkbox"/> Referred to _____ |
| <input type="checkbox"/> For Follow-up Counseling | |
| Date of appointment: _____ | Time: _____ |

Counselor's Remarks:

 Guidance Counselor's Signature



Guidance and Counseling Office
**COUNSELING STUDENTS WITH
 ACADEMIC PROBLEM(S) FORM**

FM-GCO-19
Name: _____ **Course/Year:** _____ **Contact No.:** _____
Address: _____ **Age:** _____ **Sex:** _____ **Date:** _____

Subject(s) with Problem/Deficiency:

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- | | |
|--|--|
| <input type="checkbox"/> Absences | <input type="checkbox"/> Difficulty understanding the course/subject |
| <input type="checkbox"/> Time management problem | <input type="checkbox"/> Family problem |
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Action Taken by the Counselor (Note: To be filled-out by the Guidance Counselor only.)

- | | |
|---|--|
| <input type="checkbox"/> Counseled (Further follow-up not needed) | <input type="checkbox"/> Referred to _____ |
| <input type="checkbox"/> For Follow-up Counseling | |
| Date of appointment: _____ | Time: _____ |

Counselor's Remarks:



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
Alcate, Victoria, Oriental Mindoro

INDIVIDUAL STUDENT INVENTORY FORM



FM-GCO-05

Student ID No. _____ Date Filled _____
Name _____ Nickname _____
Age _____ Date of Birth _____ Place of Birth _____
Gender _____ Civil Status _____ Nationality _____
Birth Order Among Siblings _____ No. Of Brother/s _____ Sister/s _____
Current Address _____
Permanent Address _____
Landline _____ Mobile No. _____ E-mail Address _____
Languages/Dialects Spoken at Home _____
Languages/Dialects Most Fluent In _____
Religion from Birth _____ Current Religion _____

Father (Mark with † if deceased)	Mother (Mark with † if deceased)
Name _____	_____
Date of Birth _____	_____
Place of Birth _____	_____
Current Address _____	_____
Permanent Address _____	_____
Contact No. _____	_____
Educational Attainment _____	_____
Occupation _____	_____
Language/s Spoken _____	_____
Religion Raised With _____	_____
Current Religion _____	_____

Annual Family Income: no income not over P10k over P10k-P30k over P30k-P70k
 over P70k-P140k over P140k-P250k over P250k over 500k and above

Other source of financial support _____

Parents

_____ Living Together	_____ Temporarily Separated
_____ Permanently separated	_____ Father OFW
_____ Marriage Annulled/Legally Separated	_____ Mother OFW
_____ Father with another Partner	_____ Mother with another partner

(Please name below siblings from eldest to youngest. Include yourself.)

Name of Siblings	School/Place of Work	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian (if not living with parents) _____
Address _____
Contact No. _____
Relationship with Guardian _____

Person to contact in case of emergency _____

Educational Background

Level	School Attended	Inclusive Dates of Attendance	Scholarships/Academic /Honors Received
Elementary			
Secondary			
Vocational/Trade Course			
College			

Easiest Subjects _____
 Most Difficult Subjects _____
 Subjects with Lowest Grades/What Grades _____
 Subjects with Highest Grades/What Grades _____
 Awards/Honors Received _____
 Plan after College _____

Unique Features

Friends: In School _____
 Outside School _____
 Special Interest/s _____
 Special Skills/Talents _____
 Hobbies/Recreational Activities _____
 Ambitions/Goals _____
 Guiding Principle in Life/Motto _____
 Characteristic that describe you best _____

 Present Concerns/Problems _____
 Present Fears _____
 Any health problem/illness _____

General State of Health

Chief/ common health concern: headache stomach trouble cold-flu throat trouble allergies asthma
 Vision: normal defective _____ Auditory(hearing): normal defective _____
 Medicines/Vitamins Regular Taken _____
 Accident/operations experienced/ effect _____

Personality Profile

<input type="checkbox"/> well groomed	<input type="checkbox"/> confident	<input type="checkbox"/> creative
<input type="checkbox"/> generous	<input type="checkbox"/> works well with others	<input type="checkbox"/> organize
<input type="checkbox"/> friendly/outgoing	<input type="checkbox"/> works promptly & thoroughly	<input type="checkbox"/> truthful
<input type="checkbox"/> good natured	<input type="checkbox"/> volunteers to lead	<input type="checkbox"/> cautious
<input type="checkbox"/> conforming	<input type="checkbox"/> resourceful	<input type="checkbox"/> habitually silent
<input type="checkbox"/> preferred by group	<input type="checkbox"/> self- controlled	<input type="checkbox"/> adaptable
<input type="checkbox"/> takes charge when assigned	<input type="checkbox"/> polite	<input type="checkbox"/> industrious
<input type="checkbox"/> emotionally stable	<input type="checkbox"/> conscientious	<input type="checkbox"/> active

I certify that all the information above are true and correct.



Mindoro State College of Agriculture and Technology
 Main Campus Bongabong Campus Calapan City Campus
 Alcate, Victoria Labasan, Bongabong Masipit, Calapan City
 e-mail address: miscat_main@yahoo.com
 Tel.: +639 1781 56228 Fax: (+63) (43) 2862368

College Library
LOGBOOK FOR CLASSIFIED BOOKS

No.	Title of Book	Author	Call Number	No. of Copies	Date Classified	Classified By

I MI-LID-07

**College Library
Request Material Form for Subscription**

Name of Requisitioner:		Date:
Subject/s Teaching		
Title of Journal/s or Magazine/s	Frequency	Rate (Price)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Signature of Requisitioner:		

**Mindoro State College
of Agriculture and
Technology**

Mindoro State College of Agriculture and Technology • 1961

Main Campus Bongabong Campus Calapan City Campus
Alcate, Victoria Labasan, Bongabong Masipit, Calapan City

e-mail address: minscol_main@yahoo.com
Tel.: +639178156228 Fax: (+63) (43)2862368



**College Library
Request Material Form for Subscription**

Name of Requisitioner:		Date:
Subject/s Teaching		
Title of Journal/s or Magazine/s	Frequency	Rate (Price)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Signature of Requisitioner:		

**College Library
Request Material Form for Books**

Name of Requisitioner:		
Date:		
Subject/s Teaching		
Title of Book/s	Author	Copyright
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Signature of Requisitioner:		



**Mindoro State College
of Agriculture and
Technology**

Main Campus Bongabong Campus Calapan City Campus
Alcate, Victoria Labasan, Bongabong Masipit, Calapan City
e-mail address: minscol_main@yahoo.com
Tel.: +639178156228 Fax: (+63) (43)2862368

**College Library
Request Material Form for Books**

Name of Requisitioner:		
Date:		
Subject/s Teaching		
Title of Book/s	Author	Copyright
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Signature of Requisitioner:		

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS	AGENCY NAME: MINDORO STATE COLLEGE OF AGRICULTURE & TECHNOLOGY (MinSCAT)
	ADDRESS: Alcate, Victoria, Oriental Mindoro
DATE:	TELEPHONE NUMBER: MOBILE NUMBER

ITEM NO.	RECORD SERIES TITLE AND DESCRIPTION	PERIOD COVERED

LOCATION OF RECORDS: RECORDS OFFICE	VOLUME IN CUBIC METER:
PREPARED BY: (Name and Signature) ANDREA P. ROGELIO	POSITION: Records Officer III

CERTIFIED AND APPROVED BY:

This is to certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.

Name

Position

JESSE T. ZAMORA, Ed.D.

Name

SUC President II

Position

TO BE ACCOMPLISHED BY THE NATIONAL ARCHIVES OF THE PHILIPPINES

This Records Disposition Schedule

is being returned for improvement/correction
is being recommended for approval

Chairman
Records Management Evaluation Committee

Date

APPROVED:

Executive Director

Date

NATIONAL ARCHIVES OF THE PHILIPPINES RECORDS DISPOSITION SCHEDULE	1. AGENCY NAME: MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY (MinSCAT) 2. ADDRESS: Alcate, Victoria, Oriental Mindoro
--	--

3. SCHEDULE NO.	4. DATE PREPARED:
-----------------	-------------------

5. ITEM NO.	8. RECORD SERIES TITLE AND DESCRIPTION	7. RETENTION PERIOD			8. REMARKS
		Active	Storage	Total	

IMPORTANT: Pursuant to Section 18, Article III, RA 9470 s. 2007, "No government department, bureau, agency and instrumentality shall dispose of, destroy or authorize the disposal or destruction of any public records, which are in the custody or under its control except with the prior written authority of the executive director."

9. Prepared by: <div style="text-align: center;"> <u>ANDREA P. ROGELIO</u> Name Records officer III </div>	11. Recommending Approval: <div style="text-align: center;"> <u>FILOMENA P. REYES</u> Name Chief Administrative Officer </div>
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MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Main Campus
 Alcate, Victoria, Oriental Mindoro

REQUISITION SLIP

Office/Dept: _____

Purpose/Remarks: _____

Date	Particular			Quantity
Signature	Requested by:	Approved by:	Released by:	Received by:
Printed Name				
Position				
Date				

