De La Salle University
DASMARIÑAS

OFFICE OF STUDENT SERVICES
STUDENT DEVELOPMENT AND ACTIVITIES OFFICE
(046)416-4531 local 3018/3019 TELEFAX:(046)416-4474

STUDENT LEADER INFORMATION SHEET

2X2 PHOTO

Requirement:
colored, Formal, clear high resolution, and should be recent.

Note: For SDAO future use.

PERSONAL INFORMATION:

STUDENT NUMBER :

LAST NAME :

FIRST NAME :

MIDDLE NAME :

Birth Date(mm/dd/yyyy):_____ Age: _____ Gender(M/F): _____ Birth Place.:_____

Mobile No.: _____ Tel. No: _____ E-mail Address: _____

FAMILY INFORMATION:

Father's Name: _____Occupation: _____ Contact No..:_____

Mother's Name: _____ Occupation: _____ Contact No..:_____

Guardian's Name: _____Occupation: _____ Contact No..:_____

ACADEMIC PROFILE:

YEAR OF ENTRY: _____ College: _____ Course: _____ Year/Section:_____

Weighted Grade Average (WGA last semester):_____ **The indicated WGA will be verified with the Registrar's Office*

LEADERSHIP ACTIVITY PROFILE: (Use another sheet of paper if necessary.)

IMPORTANT! Start from the most RECENT

POSITIONS HELD WITHIN THE UNIVERSITY

POSITION	ORGANIZATION	PERIOD (indicate semester & school year)

POSITIONS HELD OUTSIDE THE UNIVERSITY

POSITION	ORGANIZATION	PERIOD (indicate semester & school year)

RELEVANT PROJECTS/ACTIVITIES INITIATED AND MANAGED (1ST year up to present)

**Exclude activities which were required as a curriculum requirement*

Name of Project	Date/s Implemented	Specific Involvement	*Level

* *Categorize projects/activities as organizational/council/collegiate/institutional/regional/national/outreach and international.*