

# AWG SYNERGY CARD APPLICATION & CONSENT FORM for UC ALUMNI & STUDENTS

*Name: (Family) (First) (Middle Initial) ID NUMBER :*

*(As shown in the Official Transcript of Records for the Alumni)*

*Address: Mobile/Tel No.:*

*Date of Birth: Age: Gender: Status:*

*(Month/Day/Year)*

*Course /Degree Campus Alumni: Year Graduated Student: S.Y. Currently Enrolled*

## APPLICATION PROCESS:

- Download and fill-out the AWG Synergy Card Application form.
- Present completed AWG application form to the respective UC campus registrar's office for verification (attach a copy of your alumni ID/student ID for reference).
- Present verified application form to UCMed Marketing office.
- Payment and issuance of the AWG Synergy Card will be done in UCMed.

\_\_\_\_\_  
Applicant's Printed Name & Signature

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_

Registrar's Printed Name & Signature/ Date



For inquiries, please call: 517.0888 local 5800

UCMed Marketing Department (Look for Joy)  
UNIVERSITY OF CEBU MEDICAL CENTER  
Ouano Ave., North Reclamation Area, Mandaue City