

University of the Philippines Cebu OFFICE OF STUDENT AFFAIRS

Gorordo Avenue, Lahug, Cebu City

Dormitory Application Form

Procedure:

- Secure 2 copies of OSA-D Form 1 (Dormitory Application Form) from the Office of Student Affairs (OSA).
- Fill out the forms and attach one copy of each of the following:
 - a. A photocopy of Income Tax Returns (or BIR Certificate of Tax Exemption) of both parents for the previous year
 - b. 1 piece 2x2 Picture
 - c. A photocopy of the Copy of Grades of the 2 previous semesters (for old residents only)
- Submit the forms to OSA.

Last First Middle Name		*Please check: OLD Applicant [] NEW Applicant []
Gender: Age: Date of Birth: Blood Type: Tel. /Cell#: Academic Year: First Semester () Second Semester () Summer () Academic Load:	Name:	Course and Year Level:
Academic Year: First Semester () Second Semester () Summer () Academic Load:	Last First	Middle Name
Tuition Discount: Annual Family Income: Sibling Enrolled in other UP Campus: Home Address: House No. & Street Barangay Municipality/City Province Physical disability or special needs, if any:	Gender: Age: Date of Bir	th: Blood Type: Tel. /Cell#:
Home Address:	Academic Year: First Semester	() Second Semester () Summer () Academic Load:
House No. & Street Barangay Municipality/City Province Physical disability or special needs, if any: Allergies/Allergic to, if any: Medications/ Maintenance, if any and for what: Father's Name: Mother's Name: Occupation: Office Address: Tel. No./Cell No.: Tel. No./Cell No.: Relative/s Living in Cebu: Last First Middle Name Address: House No. & Street Barangay Municipality/City Other Scholarship Enjoyed: In case of Emergency Contact: Last First Middle Tel. No. /Cell No.:	Tuition Discount: Annual Fam	ily Income: Sibling Enrolled in other UP Campus:
- Allergies/Allergic to, if any: - Medications/ Maintenance, if any and for what: Father's Name: -		Barangay Municipality/City Province
- Allergies/Allergic to, if any: - Medications/ Maintenance, if any and for what: Father's Name: -	Physical disability or special ۱	needs, if any:
Medications/ Maintenance, if any and for what: Father's Name: Occupation: Office Address: Tel. No./Cell No.: Tel. No./Cell No.: Relative/s Living in Cebu: Last First Middle Name Address: House No. & Street Barangay Municipality/City Other Scholarship Enjoyed: In case of Emergency Contact: Last First Middle Tel. No. /Cell No.:		
Occupation: Occupation: Office Address: Office Address: Tel. No./Cell No.: Tel. No./Cell No.: Tel. No. /Cell No.:		
Occupation: Occupation: Office Address: Office Address: Tel. No./Cell No.: Tel. No./Cell No.: Tel. No./Cell No.: Tel. No./Cell No.: Tel. No. /Cell No.: Tel. No. /Cell No.: Del. No. /Cell No.: Tel. No. /Cell No.: Del. No. /Cell	Father's Name:	Mother's Name:
Office Address: Office Address: Tel. No./Cell No.: Tel. No./Cell No.: Tel. No. /Cell No.:	Occupation:	
Relative/s Living in Cebu: Last First Middle Name Address: House No. & Street Barangay Municipality/City Other Scholarship Enjoyed: In case of Emergency Contact: Last First Middle Tel. No. /Cell No.: Tel. No. /Cell No.:	Office Address:	
Address: House No. & Street Barangay Municipality/City Other Scholarship Enjoyed: In case of Emergency Contact: Last First Middle Last First Middle	Tel. No./Cell No.:	Tel. No./Cell No.:
Address: House No. & Street Barangay Municipality/City Other Scholarship Enjoyed: In case of Emergency Contact: Last First Middle Last First Middle	Relative/s Living in Cebu:	Tel. No. /Cell No.:
House No. & Street Barangay Municipality/City Other Scholarship Enjoyed: Monthly Allowance/Stipend: In case of Emergency Contact: Tel. No. /Cell No.: Last First Middle	<u> </u>	
Other Scholarship Enjoyed: Monthly Allowance/Stipend: Tel. No. /Cell No.: Last First Middle		
In case of Emergency Contact: Tel. No. /Cell No.: Last First Middle		
Last First Middle		
Address:	Last	
	Address:	
House No. & Street Barangay Municipality/City	House No. & Street	Barangay Municipality/City
I pledge, in my honor, that all the information provided herein are true and correct.	I pledge, in my honor, that all the info	mation provided herein are true and correct.
Conforme: Signature of Applicant Name & Signature of Parent/Guardian	Signature of Applicant	Conforme:Name & Signature of Parent/Guardian
Date Date		

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