

Attach two recent 2"x 2"
photographs here.

Printed name and signature at
the back of each photograph.

UNIVERSITY OF THE PHILIPPINES CEBU
Office of the University Registrar
Lahug, Cebu City

Phone:+63 (32) 232 8187 loc 120
Email:our.upcebu@up.edu.ph

Please do not write inside this box.

Application fee: ₱100
(Non-refundable) ₱250 \$20

OR No. _____
Date: _____
By: _____

ACTION

Referred to: _____

APPLICATION FORM FOR TRANSFER FROM OTHER SCHOOL(S)/OTHER UP UNIT(S)

First Semester/Trimester Second Semester/Trimester Midyear Term/Third Trimester Academic Year _____

NAME _____
LAST FIRST MIDDLE MAIDEN

SEX Female Male **CIVIL STATUS** Single Married

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

CITIZENSHIP _____ **RELIGION** _____

EMAIL ADDRESS _____

CURRENT ADDRESS _____ **CONTACT NO.** _____

PERMANENT HOME/MAILING ADDRESS _____ **CONTACT NO.** _____

NAME OF FATHER _____ **NAME OF MOTHER** _____

HIGH SCHOOL ATTENDED _____
Name of School Location Years Attended Date of Graduation

COLLEGES ATTENDED (Please list all schools attended in chronological order.)

Name of School(s)	Location	Sem(s) & Year(s) Attended	Degree Pursued	Date of Graduation

Degree Program _____ **Year Level** _____ **Semester/Year last attended** _____

No. of Semesters enrolled in the curriculum _____ **No. of Units Earned** _____

Are you enrolled this Midyear/Summer? Yes No (Note: Transfer applicant from other schools should not enroll during the Midyear/Summer Term.)

Have you ever been subject to academic or disciplinary action (i.e. probation, suspension, dismissal, expulsion) from any institution attended? Yes No

If yes, please explain details and dates: _____

DEGREE PROGRAM/S APPLIED FOR (List according to priority.)

1. _____ 2. _____ 3. _____

Reason for transfer: _____

I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or be subject to dismissal. If admitted, I agree to abide by the policies, rules and regulations of the University of the Philippines.

Signature of Student

Date

(to be filled up by OUR personnel only)

STATUS TRANSFER STUDENT REJOINING (UP graduate, will earn a 2nd degree)
(Has taken college courses/graduated from another school) DEGREE HOLDER FROM OTHER SCHOOLS (applying for a 2nd degree)

General Weighted Average _____

No. of Academic Units Earned _____ **Computed by** _____ **Date** _____

No. of units previously earned that can be credited towards the course/curriculum/degree _____

No. of units required to complete requirement of the curriculum _____

Are all grades for all collegiate subjects enrolled in already submitted with this application? Yes No

APPROVED for admission: _____ _____
Dean Date

Not recommending for admission: _____ _____
Dean Date

Attested: _____ _____
University Registrar Date

Attested: _____ _____
University Registrar Date