Attach recent 2x2 photo.		Office o	University of the Philippines Cebu Office of the University Registrar Lahug, Cebu City			1 st /2 nd Sem/Tri	
		STU	DENT DI	RECTORY			
				Use X mark ir		e write in block letters. tion preceded by a box.	
Student No.	Name (Fami	ne (Family, Given,		Middle)	Degree/Major	Year Level	
Present Address Home/Provincial A			wincial Addr	ess	Region	Zip Code	
Email Address: Phone/Mobile No.:							
Registration Status: New First Year (including Certificate/Diploma) New Transfer (from non-UP unit) New Master's (including Graduate, Certificate & Diploma) Continuing Old Returning					Regular Non-degree Cross-reg. (from)		
Country of citizenship	Degree I	Level Sex	r	Civil Status	Religion:		
Philippines Graduate Male				Single	Date of Birth:		
Undergraduate Female				Married	Place of Birth:		
Employed? Yes No If Yes, Full Time Part Time If employed:							
If Single:							
Name of Father:							
Name of Mother: Guardian (if any)							
Address:							
If married: Name of Spouse: Address:							
If single, Father:				If married, Spouse: Mother:			
Scholarship/privilege School last attended:	enjoyed:						
School last attended:							
			Student's l	Pledge			
I hereby certi	ify that all the	information given	above are tru	e and correct.			
In considerat I hereby promise and University and in the sufficient cause for su	pledge to abid college or sche	le and comply with, ool in which I am e	, all the rules enrolled. Refu	and regulations laid sal to take this pled	down by competen		
Signature:				Date:			