

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 8185 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 CROSS-REGISTRANTS* or SPECIAL STUDENTS

First Semester Second Semester Midyear Term 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 _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address: _____ Contact No. _____

FINANCIAL SUPPORT Parents Self Scholarship Others, please specify _____

STATUS CROSS-REGISTRANT* (Currently enrolled in a non-UP school; will earn credits for subjects taken in UP) SPECIAL STUDENT (will not earn credits for subjects taken in UP)

SPECIFIC SUBJECTS APPLIED FOR

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

SCHOOLS ATTENDED (Please list all schools attended in chronological order, starting from secondary school.)

Name of School(s) Location Year(s) Attended Degree Received Date of Graduation

Name of School(s)	Location	Year(s) Attended	Degree Received	Date of Graduation

IMMIGRATION STATUS (for Foreign Students)

Passport No. _____ Date of Issue _____ Valid Until _____
Type of Visa _____ Date of Issue _____ Valid Until _____
ACR/ICR No. _____ Date of Issue _____ Place _____

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

I have read the **University of the Philippines' Privacy Notice for Students.**

<http://our.upcebu.edu.ph/information/privacy-notice-for-students/>

I grant my consent to and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to be admitted as a student of the University of the Philippines Cebu.

I likewise consent to and recognize the authority of the University of the Philippines to post online and/or in UP bulletin boards at its option my name and program in the event I qualify for admission in order for the University to comply with its Charter and uphold the principle of transparency in the admissions process.

Signature over printed name
of student

Signature over printed name
of Parent/Guardian
if applicant is a minor

Date: _____

Date: _____