

University of the Philippines Cebu
COLLEGE: _____

FOR: 1st SEM 2nd SEM MYT

A.Y. : _____

VOLUNTARY OPT-OUT FORM

NAME: _____

STUDENT NUMBER: _____ Degree Program: _____

I certify that:

- I am aware of the Free Higher Education Act and all the benefits and responsibilities under the Act.
- My decision to opt out of the Free Higher Education Act was made voluntarily and not under duress.
- My reason/s for opting out is/are:

Signature over printed name of student

Date: _____

*Signature over printed name of student's
parent/guardian*

Date: _____

Certified/Accepted by:

PROF. MAY CHRISTINA G. BUGASH
University Registrar

Date: _____