

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 ADMISSION TO CERTIFICATE PROGRAM

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

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: _____

CERTIFICATE PROGRAM APPLIED FOR

Certificate in Fine Arts, Product Design

Certificate in Fine Arts, Studio Arts

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 BEGINNING FIRST YEAR (High School Graduate with no college credit)

OTHER _____

General Weighted Average _____ Computed by _____ Date _____

APPROVED
for admission: _____
Dean Date

Not recommending
for admission: _____
Dean Date

Attested: _____
University Registrar Date

Attested: _____
University Registrar 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: _____