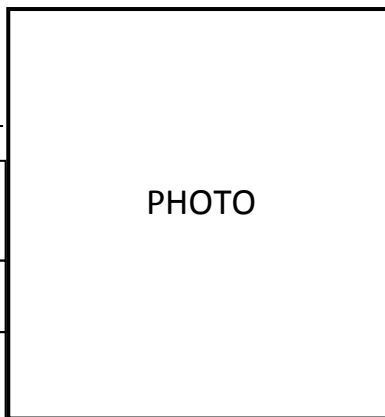


STUDENT DIRECTORY

PLEASE WRITE IN BLOCK LETTERS. Use an X mark in answering information preceded by a box



STUDENT NUMBER	NAME (Last, Given, Middle, If a married woman encircle maiden name.)	COLLEGE	DEGREE	MAJOR
SEX ASSIGNED AT BIRTH <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> _____	COUNTRY OF CITIZENSHIP <input type="checkbox"/> Philippines <input type="checkbox"/> _____	DATE OF BIRTH	
			PLACE OF BIRTH	

PRESENT ADDRESS	PERMANENT HOME ADDRESS
CONTACT NO.	CONTACT NO.
EMAIL ADDRESS	PARENT'S EMAIL ADDRESS

SCHOOLS ATTENDED STARTING FROM HIGH SCHOOL	DIPLOMA/TITLE/DEGREE	DATE OF GRADUATION	HONORS RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENROLLMENT IN THE UNIVERSITY OF THE PHILIPPINES

First Enrollment: UP College/School of _____ Semester & Academic Year _____

Last enrollment: UP College/School of _____ Semester & Academic Year _____

Degree Obtained, If any _____ Semester & Academic Year _____

FOR READMISSION STATUS

During the period of AWOL/LOA, have you been enrolled in other schools/universities? YES NO

If YES, please specify name of schools/universities _____

Do you have a disability? YES NO If YES, please specify i.e., physical, psycho-social, cognitive, etc..) _____
(Pursuant to RA 7277 and RA 9442)

Would you wish to avail of possible services for students with disability offered by the university? YES NO

(Note that if you answer YES, your name, college, contact number, email address and class schedule will be included in the database of UPD students with disability, and will be supplied to office/s and college/s that will implement services.)

Please enter your PWD ID number _____ or SWSN ID number* _____

*You may apply for SWSN ID from the University Health Service.

PARENTS/GUARDIAN/SPOUSE <small>(Name Format: Last, Given, Middle Name)</small>	Living /Deceased	ADDRESS	CONTACT NO.	OCCUPATION
1. Father's Name _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
2. Mother's Maiden Name _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
3. Guardian's/Spouse Name _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	ADDRESS	CONTACT NO.
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STUDENT PLEDGE:

I hereby certify that all information given above is correct.

In consideration of my admission to the UNIVERSITY OF THE PHILIPPINES and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University and in the College or School in which I am enrolled.

DATE _____ SIGNATURE OF STUDENT _____

PLEASE INFORM THE OFFICE OF THE DEAN AND THE OFFICE OF THE UNIVERSITY REGISTRAR ABOUT ANY CHANGE IN THE ABOVE DATA.