## **VOLUNTARY OPT-OUT FORM**

Name:						
Last Na	me	Fii	rst Name		Middle Name	Suffix
Student Number:				Degree P	rogram:	
Term:	O First Ser	nester	O Second	d Semester	Mid-Year Term	
Academic Year:				College:		
Reason for opting	out:					
voluntarily o  I have been by the Unive accredited 0  This decision	made aware o pt-out of it. made aware tl rsity. I am volu Civic engagem n to opt-out is	nat I am re untarily op ent activit voluntary ty to pay t	equired to poting out of ites.  and not do the tuition a	articipate in t the Free Tuition ne under durond OSF for th	es (OSF) subsidy granted by RA 10 he accredited Civic Engagement a on and OSF and the responsibility ess. e term specified above.  Date signed	ctivities organized
		(If s	tudent is a	minor below	18 years old)	
I, parent/guardian of Tuition and OSF gran		oove, am ii			tudy of my consent to voluntarily o	pting out of the Fro
Sig	gnature over p	rinted nan	ne of paren	t/guardian	 Date signed	
Received:						
Sidna	ture over print	ed name			Asst Prof Ma Kresna N Mar	

University Registrar

Staff in charge