OUR Form No. 3, Revised June 2025

Clear Form

UP CEBU STUDENT DIRECTORY

Student no.											**College**	Click here to attach 2x2" ID picture
Last Name											**Degree**	
Given Name											**Major**	
Middle Name											**Sex at Birth** ☐ Male ☐ Female	
Place of Birth											**Civil Status**	
Citizenship											**Date of Birth**	

Present Address	**Permanent Home Address**
Contact No.	**Contact No.**
Email Address	**Parents' Email Address**

Schools attended (starting from High School)	**Diploma/Title/Degree**	**Date Graduated**	**Honors Received**

Enrollment in UP	**UP College/School of:**	**Semester**	**Academic Year**
First Enrollment			
Last Enrollment			
Degree obtained (if any)			

Readmission Status During your AWOL/LOA period, were you enrolled in other schools/universities ☐ Yes ☐ No	If yes, please specify the name(s) of school/university:
Disability Status Pursuant to RA 7277 and RA 9442, do you have a disability? ☐ Yes ☐ No Do you wish to avail of possible services for students with disabilities offered by the University? ☐ Yes ☐ No	If yes, please specify (e.g. physical, psycho-social, cognitive, etc.) Note: If you answer Yes, your name, college, contact number, email address, and class schedule will be included the database of UP students with disabilities, and supplied to offices and colleges that implement services. **PWD ID No.** **SWSN ID No.** (can apply from University Health Service)

Name (Last, Given, Middle Name)	**Deceased?**	**Address**	**Contact**	**Occupation**
Father:	☐ Yes ☐ No			
Mother (*Maiden Name*):	☐ Yes ☐ No			
Guardian/ Spouse	☐ Yes ☐ No			

Person to be notified in case of emergency	**Address**	**Contact Details**

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.

Signature

Date Signed

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