

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	PHOTO
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <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? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If YES, please specify name of schools/universities _____							

Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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		Living /Deceased		ADDRESS		CONTACT NO.	
1. Father's Name		<input type="checkbox"/> <input type="checkbox"/>		_____		_____	
_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____	
2. Mother's Name		<input type="checkbox"/> <input type="checkbox"/>		_____		_____	
_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____	
3. Guardian's/Spouse Name		<input type="checkbox"/> <input type="checkbox"/>		_____		_____	
_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____	
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY				ADDRESS		CONTACT NO.	
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.							