

**UNIVERSITY OF THE PHILIPPINES MANILA**  
Ermita, Manila

**BLESILE SUZETTE S. MANTARING , MD, FPOGS**  
Director, Office of Student Affairs

Dear Prof. Mantaring,

I have the honor to request for the refund of my tuition fees for \_\_\_\_\_ semester/s,  
school year \_\_\_\_\_ - \_\_\_\_\_ in view of the reason/s below:

[        ] *New ST System bracket assignment*    [        ] *ST System Approved Appeal*  
[        ] *Others* \_\_\_\_\_

Thank you.

Very truly yours,

\_\_\_\_\_  
(Signature over printed name)

Attachments:

[        ] Official Receipt  
[        ] Form 5  
[        ] Approved ST System result

(NOTE: Submit 2 photo copies each and bring the original for verification/certification)

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**OFFICE OF STUDENT AFFAIRS**  
First Indorsement

Respectfully forwarded to the Cashier, UP Manila recommending approval of the ST  
System tuition fee refund of Mr./Miss \_\_\_\_\_ of the  
College of \_\_\_\_\_ for \_\_\_\_\_ semester/s Schoolyear  
\_\_\_\_\_ - \_\_\_\_\_ with Partial Discount \_\_\_\_\_.

**Amount to be refunded: P** \_\_\_\_\_

**BLESILE SUZETTE S. MANTARING , MD, FPOGS**  
Director, Office of Student Affairs

CONTACT NUMBER: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_