

COLLEGE OF _____
University of the Philippines Manila
Padre Faura St. Ermita Manila

The Director
Office of Student Affairs
U. P. Manila

SIR/MADAM

I have the honor to request for the refund of fee for _____ Term/Midyear, AY _____ - _____ in review of the reason stated below.

Very truly yours,

 (Signature over printed name)

Student No.: _____

Campus ID No.: _____

Degree Program: _____

Contact Number: _____

Permanent Address: _____

ATTACHMENT: 2 COPIES (each document)

_____ O.R. Nos. _____

_____ Approval of Scholarship

_____ Certificate of Scholarship

_____ Certificate from Cash Division

OFFICE OF STUDENT AFFAIRS

1st Endorsement

Respectfully forwarded to the Cashier, University of the Philippines Manila recommending approval the _____ refund of all refundable fees requested in view of the reason stated above.

FEES FOR REFUND

Deposit/Entrance
Tuition
Miscellaneous
Student Fund
Laboratory
Late Registration
Excess Amount of Check
OTHERS
TOTAL

BLESILE SUZETTE S. MANTARING, MD, FPOGS
DIRECTOR, OFFICE of STUDENT AFFAIRS