



UNIVERSITY OF THE PHILIPPINES ISKOLAR NG BAYAN PROGRAM

APPLICATION FORM

Print all required information. Only accomplished application forms will be processed.

Student Profile

NAME (Last Name, First Name, Middle Name)

CURRENT ADDRESS:

PERMANENT ADDRESS:

TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

FATHER'S NAME (Last Name, First Name, Middle Name):

MOTHER'S NAME (Last Name, First Name, Middle Name):

DATE OF BIRTH (Month, Day, Year):

CITIZENSHIP:

PLACE OF BIRTH (City/Town, Province):

IS THIS YOUR FIRST TIME TO ENROLL IN COLLEGE?

YES

NO

(Name of college/university: _____

Year level: _____)

High School Information

HIGH SCHOOL WHERE YOU COMPLETED YOUR SECONDARY LEVEL EDUCATION (*Do not abbreviate*):

HIGH SCHOOL ADDRESS (City/Town, Province, Region):

DATE OF GRADUATION FROM HIGH SCHOOL (Month, Day, Year):

HONOR/S RECEIVED ON YOUR LAST YEAR IN HIGH SCHOOL:

NAME OF HIGH SCHOOL PRINCIPAL (Last Name, First Name, Middle Name):

HIGH SCHOOL TELEPHONE NUMBER:

HIGH SCHOOL EMAIL ADDRESS:



2X2 ID Photo



UNIVERSITY OF THE PHILIPPINES ISKOLAR NG BAYAN PROGRAM

UP Campus applied for

CHOOSE ONE FROM AMONG THE FOLLOWING:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> UP Baguio | <input type="checkbox"/> UP Diliman Extension | <input type="checkbox"/> UP Mindanao |
| <input type="checkbox"/> UP Cebu | Program in Pampanga | <input type="checkbox"/> UP Open University |
| <input type="checkbox"/> UP Diliman | <input type="checkbox"/> UP Los Baños | <input type="checkbox"/> UP Visayas – Iloilo |
| | <input type="checkbox"/> UP Manila | <input type="checkbox"/> UP Visayas – Tacloban |

PREFERRED DEGREE PROGRAMS (See list of Undergraduate Degree Programs offered in your chosen campus):

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

NOTE: Your preferred degree programs serves as a guide to determine your course in the UP campus you are applying for and does guarantee your assignment to these programs.

Certification

I affirm that all the information supplied in this application form are true, complete, and accurate. I am aware that the information furnished in this application may be checked and that giving false information will disqualify me/will be a basis for dismissal. I also understand that no results for my application may be released until all requirements are satisfied.

Furthermore, I understand that the information in this form may be used for research and reports, and I consent to such with the assurance that my details will be kept secure.

SIGNATURE OF STUDENT: _____

DATE ACCOMPLISHED: _____

I certify that the information which my daughter/son/dependent has provided in this application form is true, complete, and accurate.

I recognize that I share with my daughter /son/dependent the responsibility for the veracity and completeness of the information supplied herein in signing this application form.

Furthermore, I understand that the information in this form may be used for research and reports, and I consent to such with the assurance that my details will be kept secure.

NAME OF PARENT/GUARDIAN:

SIGNATURE: _____

DATE ACCOMPLISHED: _____

Attachment

You must submit a certification from your high school, duly signed by the Principal, that you belong to the Top Ten of your graduating class.

CU Student Affairs personnel

RECEIVED BY: _____

DATE RECEIVED: _____