# UPM-OSA-WI-06F1

# COLLEGE OF

**University of the Philippines Manila**

Padre Faura St. Ermita Manila

The Director

Office of Student Affairs

University of the Philippines Manila

Sir / Ma’am,

I have the honor to request for the refund of fee/s for Term/Midyear, AY -

in review of the reason stated below:

Very truly yours,

# ATTACHMENT: 2 COPIES (each document)

(Signature over printed name)

Student No.: SAIS ID No.:

Degree Program: Contact Number: Permanent Address:

O.R. Nos. Photocopy of DBP Account No.

Certification of Scholarship/Financial Assistance

Approval of Scholarship

UP Form 5 (Semester to be refunded)

# 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** |

**ODESSA N. JOSON, MA**

Director, Office of Student Affairs

Pursuant to data Privacy Act of 2012, I am giving permission to the Office of Student Affairs for the lawful use of my personal information. I further certify that the information contained are true and correct.

Signature