

**STUDENT HOUSING SECTION**  
**Office of Student Affairs**  
**University of the Philippines Mindanao**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ RM.No: \_\_\_\_\_  
 Course/Year: \_\_\_\_\_ Student No.: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 City Address: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

CLASS SCHEDULE: 1<sup>st</sup> Semester/2<sup>nd</sup> Semester/Summer

Subject	Time	M	T	W	Th	F	Sa

Date Check-in \_\_\_\_\_

Appliance:	Qty.
Personal Computer	
Cassette Recorder	
Cellular Phone (specify model & Serial No.)	
Electric Fan	
Study Lamp	
Elect. Alarm Clock	
PSP	
MP3/MP4/MP5/IPOD	
Battery Charger	
Others (pls. Specify)	

Wall Fan \_\_\_\_\_ Closet \_\_\_\_\_ Study Tap \_\_\_\_\_ Closet Handle \_\_\_\_\_  
 Bed \_\_\_\_\_ Mattress \_\_\_\_\_ Chair (MR#) \_\_\_\_\_ Key \_\_\_\_\_