

OSA-CTS Form No. 02

Revised 2022

Name of Student:

## UNIVERSITY OF THE PHILIPPINES MINDANAO

## Office of Student Affairs COUNSELING AND TESTING SECTION

Mintal, Tugbok District, Davao City 8022, Philippines
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## **BASIC INFORMATION SHEET**

Note: Please PROVIDE the information asked for. The data contained in this form will be kept confidential and will serve as your record. Please fill in the blanks carefully and sincerely.

I. PERSONAL D	ATA					
1Name:			Middle	2Nick Name:	3Year & Course:	
(Pls. Print)	Family,	First	Middle			
II. SOCIO-ECON						
					pporting [ ] Both parents	
					[ ] Combination of	
					[ ] Governm	
5What <u>other</u>	scholarship	os do you hav	e aside from	UP Socialized Tuition	n System?	
6What are y	our privilege	es that you sp	pecified in no.	(5)?	7How much i	s your monthly
		= =	-	reach college?	8What do you spe	end 
III. SCHOOL PR	EFERENCE	ES				
9Who influe	nced you to	study in UP I	Mindanao?			
11Do you ha	ave plans of	transferring	to another UF	Campus by 2 <sup>nd</sup> year	?12Why and why	not
•	•	-	-		?14If yes, what degree	
IV. PRESENT S 16What cou 17What cou	rse did you	intend to take	e up after grad	duation from Senior He	ligh?18V	 Vhat course
were you	u admitted?			19If (17) is differe	ent from (18), what would be your	next plan?
20 <b>I cer</b>	tify that all	facts and in	formation st	ated in this form are	true and correct.	
					21Signature	
22Date Filed:						
Privacy Statement The University of th please visit https://p	e Philippines t		cy seriously and	I we are committed to prot	tecting your personal information. For th	e UP Privacy Policy,
Constitution, the UF	Charter, and ority of the Univ	other laws, the	University must	necessarily process my p	for the UP System to carry out its mand personal and sensitive personal informat sitive personal information, pursuant to the	ion. Therefore, I

Signature of Student:\_

\_Date Signed:\_