IMPORTANT!!! FORM WILL ONLY BE ACCEPTED IF ENTRIES IN ALL PAGES ARE READABLE. UP FORM 5. UNIVERSITY OF THE PHILIPPINES MINDANAO CERTIFICATE OF REGISTRATION (REV.03-07) WRITE IN BLOCK LETTERS. Use an "X" mark in answering information preceded by a box if amount is printed thru cash register. NAME (Last, Given, Middle. If a married woman, encircle maiden name) COLLEGE DEGREE & MAJOR TERM & SY CLASS CODE SUBJECT Tuition Library Athletics Registration Medical Cultural STUDENT'S COPY Internet NSTP / MS NSTP - INSURANCE Deposit / Entrance Laboratory Fee EDF Fine TOTAL FEES Less: Scholarship / Privilege AMOUNT PAYABLE Amount Received by: LIBRARY CLEARANCE TOTAL UNITS Country of Citizenship Assessed by: CASH: Scholarship / Privilege STFAP Bracket No. CHECK: Signature and Printed Name of Adviser LOAN: Signature Date: First Time to enroll in UP? YES O.R. No. STUDENT NUMBER NAME (Last, Given, Middle. If married, encircle maiden name) COLLEGE **DEGREE & MAJOR** TERM & SY REGISTRATION STATUS STUDENT TYPE DEGREE LEVEL SEX EMPLOYED? STUDENT HOUSING ☐ 1. Regular ☐ 1. New Freshman (including Cert/Dip) ☐ 1. Undergraduate ☐ 1. Male ☐ 1. Full-time ☐ 1. U.P. Dormitory ☐ 2. Female ☐ 2. Part-time ☐ 2. Non-degree 2. New Transfer (from a non-UP unit) 2. Graduate □ 2. Boarding House on campus 3. New Transfer (from a UP unit) 3. Cross-reg (from a UP unit) □ 3. ___ □ 3. No □ 3. Boarding House off campus GRADUATING THIS TERM ☐ 4. Relative's House ☐ 4. Cross-reg (from a non-UP unit) ☐ 4. New Master's (including Grad Cert/Dip) YEAR LEVEL CIVIL STATUS Home Unit/Institution ____ ☐ YES ☐ NO _ 5. New Doctoral ☐1ST ☐ 2ND ☐ 1. Single ☐ 5. Own house □3RD П 4ТН 2. Married ☐ 5. Special ☐ 6. New LLB ☐ 6. Others _ IN MINDANAO FORM 5 REGISTRAR'S COPY (REV. 03-07) COUNTRY OF CITIZENSHIP ☐ 7. Continuing/Old returning □5TH \Box _ 3. ____ ☐ 1. Philippines ■ 8. New cross-registration/non-degree RELIGION ☐ 9. Residency O.R. No. Amount Paid Date FINAL COMPL DATE OF Amount Received by: CLASS CODE SUBJECT SECTION DAYS CASH CHECK LOAN: Tuition Library MISC: Registration Medical Cultural Internet Energy *Total Number of Units *If underload, specify reason _ NSTP / MS First Time to enroll in UP? NSTP - INSURANCE If no, academic year of first enrollment Student Fund Degree Program: Deposit / Entrance Tel. No. Laboratory Fee Tel No. Employer's Name & Address: Ы Name of: Parent □Spouse Guardian Tel No. Fine TOTAL FEES Zip Code STUDENT PLEDGE: Less: Scholarship / Privilege I hereby certify that all the information given above are correct. AMOUNT PAYABLE In consideration of my admission to the UNIVERSITY OF THE PHILIPPINES MINDANAO SCHOLARSHIP / PRIVILEGE STFAP Bracket No. and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all rules and regulations laid down by competent authority in the University and in Certified by the College in which I am enrolled. Advised by

Checked by

Assesed by:

Signature of Student:

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of Student			YES [NO 🗌	O.R. No.		Date _		_Amount Pa	aid
	T										
STUDENT NUMBER	NAME (Last, Given	NAME (Last, Given, Middle. If married, encircle maiden name)				COLLEGE			DEGREE & MAJOR TERM &		TERM & SY
REGISTRATION STATUS STUDENT TYPE					DEGREE LEVEL SEX		SEX	EMPLOYED	ED? STUDEN		ING
□ 1. Regular □ 1. New Freshman (including Cert/Dip)				☐ 1. Undergraduate ☐ 1.		☐ 1. Male	1. Full-tim	ne 🔲 1. U.P. Dormitory		ory	
☐ 2. Non-degree ☐ 2. New Transfer (from a non-UP unit)					☐ 2. Graduate ☐ 2.		2. Female	2. Part-tin	me 2. Boarding House on campus		use on campus
3. Cross-reg (from a UP unit) 3. New Transfer (from a UP unit)				□ 3			☐ 3. No	□ 3	 3. Boarding House off campus 		
4. Cross-reg (from a non-l	laster's (including G	ster's (including Grad Cert/Dip)				CIVIL STATUS	GRADUATIN	IG THIS TERM 4	. Relative's Ho	ouse	
Home Unit/Institution 5. Ne		5. New Doctoral				⊒ 2ND	☐ 1. Single	☐ YES	□NO □ 5	. Own house	
☐ 5. Special ☐ 6. New Lt		LB	В			□ 4TH	2. Married		□ 6	. Others	
COUNTRY OF CITIZENSHIP 7. Continuing		uing/Old returning	g/Old returning			□5TH □ □ 3		_			
☐ 1. Philippines	☐ 8. New c	ross-registration/nor	ı-degree		RELIGION _						
□ 2	🗆 9. Reside	ency									
						O.R. No.		Date	A	mount Paid	
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									Ene	ergy	
*Total Number of Units *If underload, specify reason								NSTP / MS			
First Time to enroll in UP?									NSTP - INSURANCE		
If no, academic year of first enrollment									Student Fund		
Degree Program: Campus:									Deposit / Entrance		
Present Address:							Tel. No.		Laboratory Fee		
							Tel No.	EDF			
Name of: Parent Spouse Guardian							Tel No.		Fine		
Address: Zip Code									TOTAL FEES		
STUDENT PLEDGE:									Less: Scholarship / Privilege		
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and of the privileges of a student in this institution, I hereby promise and pledge to abide						SCHOLARSHIP / PRIVILEGE			STFAP Bracket No.		
comply with all rules and regulations laid down by competent authority in the University and in									Certified by:		
the College in which I am enrolled.									Advised by:		
Date: Signature of Student:									Checked by:		
					-				Assesed by:		

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Advised by: Checked by

Assesed by:

Signature of Student:

the College in which I am enrolled.