

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)

This serves as OFFICIAL RECEIPT if amount is printed thru cash register.

WRITE IN BLOCK LETTERS. Use an "X" mark in answering information preceded by a box

STUDENT'S COPY

STUDENT NUMBER		NAME (Last, Given, Middle. If a married woman, encircle maiden name)							COLLEGE	DEGREE & MAJOR	TERM & SY	
CLASS CODE	SUBJECT	SECTION	UNITS	DAYS	TIME	ROOM	LAB. FEE	CODE	Tuition			
									MISC:	Library		
										Athletics		
										Registration		
										Medical		
										Cultural		
										Internet		
										Energy		
										NSTP / MS		
										NSTP - INSURANCE		
										Student Fund		
										Deposit / Entrance		
										Laboratory Fee		
										EDF		
										Fine		
										TOTAL FEES		
										Less: Scholarship / Privilege		
										AMOUNT PAYABLE		
LIBRARY CLEARANCE		TOTAL UNITS		Country of Citizenship			Amount Received by:			Assessed by:		
							CASH:			Scholarship / Privilege		
Signature and Printed Name of Adviser				STFAP Bracket No. Certified by:			CHECK:					
Signature of Student		Date:	First Time to enroll in UP?					LOAN:				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>				O.R. No. _____ Date _____ Amount Paid _____				

UP IN MINDANAO FORM 5 REGISTRAR'S COPY (REV. 03-07)

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		
<input type="checkbox"/> 1. Regular		<input type="checkbox"/> 1. New Freshman (including Cert/Dip)			<input type="checkbox"/> 1. Undergraduate		<input type="checkbox"/> 1. Male	<input type="checkbox"/> 1. Full-time	<input type="checkbox"/> 1. U.P. Dormitory		
<input type="checkbox"/> 2. Non-degree		<input type="checkbox"/> 2. New Transfer (from a non-UP unit)			<input type="checkbox"/> 2. Graduate		<input type="checkbox"/> 2. Female	<input type="checkbox"/> 2. Part-time	<input type="checkbox"/> 2. Boarding House on campus		
<input type="checkbox"/> 3. Cross-reg (from a UP unit)		<input type="checkbox"/> 3. New Transfer (from a UP unit)			<input type="checkbox"/> 3. _____			<input type="checkbox"/> 3. No	<input type="checkbox"/> 3. Boarding House off campus		
<input type="checkbox"/> 4. Cross-reg (from a non-UP unit)		<input type="checkbox"/> 4. New Master's (including Grad Cert/Dip)			YEAR LEVEL		CIVIL STATUS	GRADUATING THIS TERM		<input type="checkbox"/> 4. Relative's House	
Home Unit/Institution _____		<input type="checkbox"/> 5. New Doctoral			<input type="checkbox"/> 1ST	<input type="checkbox"/> 2ND	<input type="checkbox"/> 1. Single	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 5. Own house	
<input type="checkbox"/> 5. Special		<input type="checkbox"/> 6. New LLB			<input type="checkbox"/> 3RD	<input type="checkbox"/> 4TH	<input type="checkbox"/> 2. Married			<input type="checkbox"/> 6. Others _____	
COUNTRY OF CITIZENSHIP		<input type="checkbox"/> 7. Continuing/Old returning			<input type="checkbox"/> 5TH	<input type="checkbox"/> _____	<input type="checkbox"/> 3. _____				
<input type="checkbox"/> 1. Philippines		<input type="checkbox"/> 8. New cross-registration/non-degree			RELIGION _____						
<input type="checkbox"/> 2. _____		<input type="checkbox"/> 9. Residency									
							O.R. No.	Date	Amount Paid		
CLASS CODE	SUBJECT	SECTION	UNITS	DAYS	TIME	ROOM	FINAL GRADE	COMPL. GRADE	DATE OF COMPL.	Amount Received by:	
										CASH:	
										CHECK:	
										LOAN:	
										Tuition	
										MISC: Library	
										Athletics	
										Registration	
										Medical	
										Cultural	
										Internet	
										Energy	
*Total Number of Units _____							*If underload, specify reason _____			NSTP / MS	
First Time to enroll in UP? <input type="checkbox"/> Yes <input type="checkbox"/> No										NSTP - INSURANCE	
If no, academic year of first enrollment _____										Student Fund	
Degree Program: _____ Campus: _____										Deposit / Entrance	
Present Address: _____							Tel. No. _____		Laboratory Fee		
Employer's Name & Address: _____							Tel. No. _____		EDF		
Name of: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian							Tel. No. _____		Fine		
Address: _____							Zip Code _____		TOTAL FEES		
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 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 the College in which I am enrolled.							SCHOLARSHIP / PRIVILEGE			STFAP Bracket No.	
Date: _____ Signature of Student: _____										Certified by: _____	
										Advised by: _____	
										Checked by: _____	
										Assessed by: _____	

INSTRUCTION TO CHECKERS/CASHIERS: ACCEPT ONLY IF ENTRIES IN ALL PAGES ARE READABLE.

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CASHIERS'S COPY

STUDENT NUMBER		NAME (Last, Given, Middle. If a married woman, encircle maiden name)							COLLEGE	DEGREE & MAJOR	TERM & SY
CLASS CODE	SUBJECT	SECTION	UNITS	DAYS	TIME	ROOM	LAB. FEE	CODE	Tuition		
									MISC: Library		
									Athletics		
									Registration		
									Medical		
									Cultural		
									Internet		
									Energy		
									NSTP / MS		
									NSTP - INSURANCE		
									Student Fund		
									Deposit / Entrance		
									Laboratory Fee		
									EDF		
									Fine		
									TOTAL FEES		
									Less: Scholarship / Privilege		
									AMOUNT PAYABLE		
LIBRARY CLEARANCE		TOTAL UNITS		Country of Citizenship			Amount Received by:			Assessed by:	
							CASH:			Scholarship / Privilege	
Signature and Printed Name of Adviser				STFAP Bracket No. Certified by:			CHECK:				
Signature of Student		Date:	First Time to enroll in UP? YES <input type="checkbox"/> NO <input type="checkbox"/>		O.R. No. _____			Date _____	Amount Paid _____		

UP IN MINDANAO FORM 5 DEAN'S COPY (REV. 03-07)

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			
<input type="checkbox"/> 1. Regular		<input type="checkbox"/> 1. New Freshman (including Cert/Dip)		<input type="checkbox"/> 1. Undergraduate		<input type="checkbox"/> 1. Male	<input type="checkbox"/> 1. Full-time	<input type="checkbox"/> 1. U.P. Dormitory			
<input type="checkbox"/> 2. Non-degree		<input type="checkbox"/> 2. New Transfer (from a non-UP unit)		<input type="checkbox"/> 2. Graduate		<input type="checkbox"/> 2. Female	<input type="checkbox"/> 2. Part-time	<input type="checkbox"/> 2. Boarding House on campus			
<input type="checkbox"/> 3. Cross-reg (from a UP unit)		<input type="checkbox"/> 3. New Transfer (from a UP unit)		<input type="checkbox"/> 3. _____			<input type="checkbox"/> 3. No	<input type="checkbox"/> 3. Boarding House off campus			
<input type="checkbox"/> 4. Cross-reg (from a non-UP unit)		<input type="checkbox"/> 4. New Master's (including Grad Cert/Dip)		YEAR LEVEL		CIVIL STATUS	GRADUATING THIS TERM		<input type="checkbox"/> 4. Relative's House		
Home Unit/Institution _____		<input type="checkbox"/> 5. New Doctoral		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND		<input type="checkbox"/> 1. Single	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 5. Own house			
<input type="checkbox"/> 5. Special		<input type="checkbox"/> 6. New LLB		<input type="checkbox"/> 3RD <input type="checkbox"/> 4TH		<input type="checkbox"/> 2. Married			<input type="checkbox"/> 6. Others _____		
COUNTRY OF CITIZENSHIP		<input type="checkbox"/> 7. Continuing/Old returning		<input type="checkbox"/> 5TH <input type="checkbox"/> _____ <input type="checkbox"/> 3. _____		RELIGION _____					
<input type="checkbox"/> 1. Philippines		<input type="checkbox"/> 8. New cross-registration/non-degree									
<input type="checkbox"/> 2. _____		<input type="checkbox"/> 9. Residency									
							O.R. No.	Date	Amount Paid		
CLASS CODE	SUBJECT	SECTION	UNITS	DAYS	TIME	ROOM	FINAL GRADE	COMPL GRADE	DATE OF COMPL.	Amount Received by:	
										CASH:	
										CHECK:	
										LOAN:	
										Tuition	
										MISC: Library	
										Athletics	
										Registration	
										Medical	
										Cultural	
										Internet	
										Energy	
*Total Number of Units _____				*If underload, specify reason _____						NSTP / MS	
First Time to enroll in UP? <input type="checkbox"/> Yes <input type="checkbox"/> No										NSTP - INSURANCE	
If no, academic year of first enrollment _____										Student Fund	
Degree Program: _____				Campus: _____						Deposit / Entrance	
Present Address:							Tel. No.		Laboratory Fee		
Employer's Name & Address:							Tel. No.		EDF		
Name of: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian							Tel. No.		Fine		
Address:							Zip Code		TOTAL FEES		
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 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 the College in which I am enrolled.							SCHOLARSHIP / PRIVILEGE		STFAP Bracket No.		
Date: _____							Signature of Student: _____		Certified by:		
									Advised by:		
									Checked by:		
									Assessed by:		

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ACCOUNTING'S COPY

STUDENT NUMBER		NAME (Last, Given, Middle. If a married woman, encircle maiden name)							COLLEGE	DEGREE & MAJOR	TERM & SY	
CLASS CODE	SUBJECT	SECTION	UNITS	DAYS	TIME	ROOM	LAB. FEE	CODE	Tuition			
									MISC:	Library		
										Athletics		
										Registration		
										Medical		
										Cultural		
										Internet		
										Energy		
										NSTP / MS		
										NSTP - INSURANCE		
										Student Fund		
										Deposit / Entrance		
										Laboratory Fee		
										EDF		
										Fine		
										TOTAL FEES		
										Less: Scholarship / Privilege		
										AMOUNT PAYABLE		
LIBRARY CLEARANCE		TOTAL UNITS		Country of Citizenship			Amount Received by:			Assessed by:		
							CASH:			Scholarship / Privilege		
Signature and Printed Name of Adviser				STFAP Bracket No. Certified by:			CHECK:					
Signature of Student		Date:	First Time to enroll in UP?					LOAN:				
			YES <input type="checkbox"/> NO <input type="checkbox"/>					O.R. No. _____ Date _____ Amount Paid _____				

UP IN MINDANAO FORM 5 EDP COPY (REV. 03-07)

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			
<input type="checkbox"/> 1. Regular		<input type="checkbox"/> 1. New Freshman (including Cert/Dip)		<input type="checkbox"/> 1. Undergraduate		<input type="checkbox"/> 1. Male	<input type="checkbox"/> 1. Full-time	<input type="checkbox"/> 1. U.P. Dormitory			
<input type="checkbox"/> 2. Non-degree		<input type="checkbox"/> 2. New Transfer (from a non-UP unit)		<input type="checkbox"/> 2. Graduate		<input type="checkbox"/> 2. Female	<input type="checkbox"/> 2. Part-time	<input type="checkbox"/> 2. Boarding House on campus			
<input type="checkbox"/> 3. Cross-reg (from a UP unit)		<input type="checkbox"/> 3. New Transfer (from a UP unit)		<input type="checkbox"/> 3. _____			<input type="checkbox"/> 3. No	<input type="checkbox"/> 3. Boarding House off campus			
<input type="checkbox"/> 4. Cross-reg (from a non-UP unit)		<input type="checkbox"/> 4. New Master's (including Grad Cert/Dip)		YEAR LEVEL		CIVIL STATUS	GRADUATING THIS TERM		<input type="checkbox"/> 4. Relative's House		
Home Unit/Institution _____		<input type="checkbox"/> 5. New Doctoral		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND		<input type="checkbox"/> 1. Single	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 5. Own house			
<input type="checkbox"/> 5. Special		<input type="checkbox"/> 6. New LLB		<input type="checkbox"/> 3RD <input type="checkbox"/> 4TH		<input type="checkbox"/> 2. Married			<input type="checkbox"/> 6. Others _____		
COUNTRY OF CITIZENSHIP		<input type="checkbox"/> 7. Continuing/Old returning		<input type="checkbox"/> 5TH <input type="checkbox"/> _____		<input type="checkbox"/> 3. _____					
<input type="checkbox"/> 1. Philippines		<input type="checkbox"/> 8. New cross-registration/non-degree		RELIGION _____							
<input type="checkbox"/> 2. _____		<input type="checkbox"/> 9. Residency									
							O.R. No.	Date	Amount Paid		
CLASS CODE	SUBJECT	SECTION	UNITS	DAYS	TIME	ROOM	FINAL GRADE	COMPL. GRADE	DATE OF COMPL.	Amount Received by:	
										CASH:	
										CHECK:	
										LOAN:	
										Tuition	
										MISC:	Library
											Athletics
											Registration
											Medical
											Cultural
											Internet
											Energy
*Total Number of Units _____		*If underload, specify reason _____								NSTP / MS	
First Time to enroll in UP? <input type="checkbox"/> Yes <input type="checkbox"/> No										NSTP - INSURANCE	
If no, academic year of first enrollment _____										Student Fund	
Degree Program: _____ Campus: _____										Deposit / Entrance	
Present Address:							Tel. No.		Laboratory Fee		
Employer's Name & Address:							Tel. No.		EDF		
Name of: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian							Tel. No.		Fine		
Address:							Zip Code		TOTAL FEES		
STUDENT PLEDGE:									Less: Scholarship / Privilege		
I hereby certify that all the information given above are correct.									AMOUNT PAYABLE		
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Date: _____ Signature of Student: _____									Certified by:		
									Advised by:		
									Checked by:		
									Assessed by:		

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