



# UNIVERSITY OF THE PHILIPPINES ISKOLAR NG BAYAN PROGRAM

## APPLICATION FORM

*Print all required information. Only accomplished application forms will be processed.*

### Student Profile

NAME (*Last Name, First Name, Middle Name*)

\_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

PERMANENT ADDRESS:

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

MOBILE NUMBER:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

FATHER'S NAME (*Last Name, First Name, Middle Name*):

\_\_\_\_\_

MOTHER'S NAME (*Last Name, First Name, Middle Name*):

\_\_\_\_\_

DATE OF BIRTH (*Month, Day, Year*):

\_\_\_\_\_

CITIZENSHIP:

\_\_\_\_\_

PLACE OF BIRTH (*City/Town, Province*):

\_\_\_\_\_

IS THIS YOUR FIRST TIME TO ENROLL IN COLLEGE?

YES

NO

(Name of college/university: \_\_\_\_\_

Year level: \_\_\_\_\_ )

### High School Information

HIGH SCHOOL WHERE YOU COMPLETED YOUR SECONDARY LEVEL EDUCATION (*Do not abbreviate*):

\_\_\_\_\_

HIGH SCHOOL ADDRESS (*City/Town, Province, Region*):

\_\_\_\_\_

\_\_\_\_\_

DATE OF GRADUATION FROM HIGH SCHOOL (*Month, Day, Year*):

\_\_\_\_\_

HONOR/S RECEIVED ON YOUR LAST YEAR IN HIGH SCHOOL:

\_\_\_\_\_

NAME OF HIGH SCHOOL PRINCIPAL (*Last Name, First Name, Middle Name*):

\_\_\_\_\_

HIGH SCHOOL TELEPHONE NUMBER:

\_\_\_\_\_

HIGH SCHOOL EMAIL ADDRESS:

\_\_\_\_\_



2X2 ID Photo



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## UP Campus applied for

CHOOSE ONE FROM AMONG THE FOLLOWING:

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> UP Baguio  | <input type="checkbox"/> UP Diliman Extension<br>Program in Pampanga | <input type="checkbox"/> UP Mindanao           |
| <input type="checkbox"/> UP Cebu    | <input type="checkbox"/> UP Los Baños                                | <input type="checkbox"/> UP Open University    |
| <input type="checkbox"/> UP Diliman | <input type="checkbox"/> UP Manila                                   | <input type="checkbox"/> UP Visayas – Iloilo   |
|                                     |  | <input type="checkbox"/> UP Visayas – Tacloban |

PREFERRED DEGREE PROGRAMS (See list of Undergraduate Degree Programs offered in your chosen campus):

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

*NOTE: Your preferred degree programs serve as a guide to determine your course in the UP campus you are applying for and do not guarantee your assignment to these programs.*

## Certification

I certify that the information provided in this application form is true, complete, and accurate. I am aware that the information furnished in this application may be checked and that giving false information will disqualify me/will be a basis for dismissal. I also understand that no results for my application may be released until all requirements are satisfied.

I understand that the information in this Form will be used to process my application to Program. I also acknowledge that the data may be used to prepare research and reports to improve the Program. I consent to such, with the assurance that my personal details and the details of my parents/guardian/spouse will be kept secure.

**SIGNATURE OF STUDENT:** \_\_\_\_\_

**DATE ACCOMPLISHED:** \_\_\_\_\_

I certify that the information which my daughter /son/dependent has provided in this application form is true, complete, and accurate. I recognize that I share with my daughter/son/dependent the responsibility for the veracity and completeness of the information supplied herein in signing this application form.

I understand that the information in this Form will be used to process my daughter/son/dependent’s application. I also acknowledge that the data may be used to prepare research and reports to improve the Program. I consent to such, with the assurance that my personal details and the details of my parents/guardian/spouse will be kept secure.

**NAME OF PARENT/GUARDIAN:**

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE ACCOMPLISHED:** \_\_\_\_\_

## Attachment

You must submit a certification from your high school, duly signed by the Principal, that you belong to the Top Ten of your graduating class.

## CU Student Affairs personnel

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_