

## UNIVERSITY OF THE PHILIPPINES

UPS-HRDO Form No. \_\_\_\_\_  
Series of 2013

Constituent University

APPLICATION FOR STUDY PRIVILEGES  
For Non-Earning Children/Spouse of U.P. Employees

\_\_\_\_ Semester/Trimester/Summer, AY \_\_\_\_\_

NOTE: The deadline for submission is the day before the first day of registration for each semester/trimester or summer.

Student Name : \_\_\_\_\_ Birth date : \_\_\_\_\_

Student No. \_\_\_\_\_ College : \_\_\_\_\_

- A. I hereby certify that the above mentioned student is my
- son/daughter/spouse
- and at present is not employed or has no other means of income. (please encircle)

\_\_\_\_\_  
Signature over Printed Name of UP Personnel\_\_\_\_\_  
Designation/Office/Unit

## B. 1. For Currently Employed Personnel (To be accomplished by HRDO)

This is to certify that \_\_\_\_\_ is a ( ) regular fulltime personnel  
( ) regular part time faculty ( ) non-regular fulltime personnel (with appointment co-extensive with the semester or term for which the privilege is applied for) with the following status:

- |   |   |
|---|---|
| <input type="checkbox"/> on active duty/not on leave        | <input type="checkbox"/> on secondment to another gov't agency or outside the |
| <input type="checkbox"/> on sick leave with/without pay     | the country on academic assignment  |
| <input type="checkbox"/> on vacation leave with/without pay | <input type="checkbox"/> on sabbatical  |

## 2. For U.P. Retirees and other Personnel

This is to certify that \_\_\_\_\_ was already separated from the service in the University due to ( ) compulsory retirement ( ) optional retirement ( ) disability on \_\_\_\_\_ with an aggregate service in the University of not less than ten (10) years.

\_\_\_\_\_  
Date\_\_\_\_\_  
Chief, Human Resources Development Office  
CU:

## C. (To be filled out by the student)

Grades Obtained During the Last Enrollment

\_\_\_\_ Semester/Trisemester/Summer, AY \_\_\_\_\_

SUBJECT	GRADE	UNIT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This is to certify that the above mentioned student ( ) has exceeded ( ) has not exceeded the allowed maximum residence and the grades for all the subject enrolled in as of the last day of registration for said semester/trisemester/summer are complete and accurate

\_\_\_\_\_  
College Secretary\_\_\_\_\_  
Date

## D. Subjects to Enroll (to be accomplished by the student)

SUBJECT	UNIT	SUBJECT	UNIT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## E. (To be accomplished by the Office of the University Registrar)

Recommending Approval:

- ☐ 100% discount on tuition, miscellaneous & lab fees  
☐ 50% discount on tuition, miscellaneous & lab fees  
☐ not entitled to any discount

\_\_\_\_\_  
Date

Approved:

\_\_\_\_\_  
University Registrar