

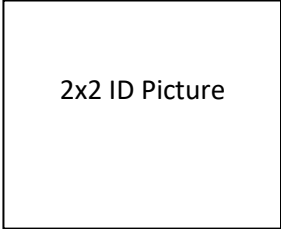


OFFICE OF STUDENT AFFAIRS
University of the Philippines Manila
The Health Sciences Center



3/F Student Center, Padre Faura corner Ma. Orosa Street
 Ermita, Manila 1000 Philippines
 Tel. No. (632) 88141249 to 1251

First Year Student
 Old Student



U.P MANILA DORMITORY/RESIDENCE HALL APPLICATION FORM

General Information:

Name: _____ Nationality: _____
 (Surname) (Given Name) (Middle Name)
 Date of Birth: _____ Place of Birth: _____ Religion: _____
 Sex: Male Female Gender: Man Woman Gender Diverse: (LGBT)
(Your sexual orientation will not be divulged)
 Permanent Address: _____
 Landline: _____ Mobile #: _____ Student #: _____ Email Ad.: _____
 College: _____ Course: _____ Yr. Level: _____ STS Bracket: _____

Parent's Information:

Mother's Name: _____ Father's Name: _____
 (Family Name) (Given Name) (MI) (Family Name) (Given Name) (MI)
 Nationality: _____ Religion: _____ Nationality: _____ Religion: _____
 Occupations: _____ Occupations: _____
 Work Phone: _____ Work Phone: _____
 Mobile #: _____ Mobile #: _____
 Email Ad.: _____ Email Ad.: _____
 Other sources of Income: _____ Other sources of Income: _____

Siblings:

Name	Age	Civil Status	If Studying, Yr. Course & School	If working, where? (Company Name & Address)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Guardian or relative living in or nearest in Metro Manila:

Name	Relation to Applicant	Age	Mobile No./Landline
_____	_____	_____	_____

Certified true and correct:

 (Applicant's signature over printed name) (Parent's signature over printed name)

Pursuant to Data Privacy Act of 2012, I am giving permission to the Office of Student Affairs for the lawful use of my personal information. I further certify that the information contained are true and correct.

 Signature

ACKNOWLEDGEMENT AND ACCOUNTABILITY:

ROOM #: _____ **BED #:** _____

Check in

Check out

Study Table : _____ :
 Chairs/s : _____ :
 D/d Bed : _____ :
 Pillow/s : _____ :
 Cabinet & Keys : _____ :
 Mattress : _____ :

Remarks: _____

Remarks: _____

Applicant's Signature: _____

Applicant's Signature: _____

FOR OFFICE USE ONLY

Check in

Check out

Date : _____ :
 Time : _____ :

(Signature of Authorized Representative)

(Signature of Authorized Representative)

Requirements:

1. 2x2 present ID picture with name written at the back
2. Form 5
3. Income Tax Return (ITR)
 - a. ITR (Father or Mother);
 - b. Father and Mother (*if both are working*);
 - c. Bureau of Internal Revenue (BIR) Certificate of Tax Exemption
(if both parents are not working or one parent is not working)

Submit to:

University of the Philippines Manila
Office of Student Affairs
Auxiliary Services Program
3rd Flr. Student Center Building,
P. Faura St., Ermita, Manila

Tel. Nos: 88141-249 to 250

Email to :

jlalava@up.edu.ph