

COLLEGE OF \_\_\_\_\_  
**University of the Philippines Manila**  
 Padre Faura St. Ermita Manila

**The Director**  
 Office of Student Affairs  
 University of the Philippines Manila

Sir / Ma'am,

I have the honor to request for the refund of fee/s for \_\_\_\_\_ Term/Midyear, AY \_\_\_\_\_ - \_\_\_\_\_ in review of the reason stated below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Very truly yours,

\_\_\_\_\_

(Signature over printed name)

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

SAIS ID No.: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**ATTACHMENT: 2 COPIES (each document)**

- \_\_\_\_\_ O.R. Nos. \_\_\_\_\_
- \_\_\_\_\_ Certification of Scholarship/Financial Assistance
- \_\_\_\_\_ Approval of Scholarship
- \_\_\_\_\_ UP Form 5 (Semester to be refunded)
- \_\_\_\_\_ Photocopy of DBP Account No.

**OFFICE OF STUDENT AFFAIRS**  
*1st Endorsement*

Respectfully forwarded to the Cashier, University of the Philippines Manila recommending approval the \_\_\_\_\_ refund of all refundable fees requested in view of the reason stated above.

**FEES FOR REFUND**

Deposit/Entrance
Tuition
Miscellaneous
Student Fund
Laboratory
Late Registration
Excess Amount of Check
OTHERS
<b>TOTAL</b>

\_\_\_\_\_  
**BLESILE SUZETTE S. MANTARING, MD, FPOGS**  
 Director, Office of Student Affairs

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