

OUR Form No. 3
(REVISED 032515)

STUDENT DIRECTORY

PHOTO

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

STUDENT NUMBER	NAME (Last, Given, Middle, if a married woman encircle maiden name.)	COLLEGE	DEGREE	MAJOR
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SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> _____	COUNTRY OF CITIZENSHIP <input type="checkbox"/> Philippines <input type="checkbox"/> _____	DATE OF BIRTH	PLACE OF BIRTH
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PRESENT ADDRESS: CONTACT NO. EMAIL ADDRESS:	PERMANENT ADDRESS: CONTACT NO. PARENT'S EMAIL ADDRESS:
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SCHOOL ATTENDED STARTING FROM HIGH SCHOOL	DIPLOMA/TITLE/DEGREE	DATE OF GRADUATION	HONORS RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENROLLMENT IN THE UNIVERSITY OF THE PHILIPPINES

First Enrollment: UP College/School of _____ Semester & Academic Year _____

Last Enrollment: UP College/School of _____ Semester & Academic Year _____

Degree Obtained, if any _____ Semester & Academic Year _____

Do you have a disability? Yes No if yes, please specify, _____

_____ (Pursuant to RA 7277 and RA 9442)

PARENTS/GUARDIAN/SPOUSE	Living/Deceased	ADDRESS	CONTACT NO.	OCCUPATION
1. Father's Name	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
2. Mother's Name	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
3. Guardian's/Spouse Name	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	ADDRESS:	CONTACT NO.
_____	_____	_____

STUDENT PLEDGE:

I hereby certify that all information given above are correct.

In consideration of my admission to the UNIVERSITY OF THE PHILIPPINES and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University and in the College or School in which I am enrolled.

Date: _____ **SIGNATURE OF STUDENT:** _____

PLEASE INFORM THE OFFICE OF THE DEAN AND THE UNIVERSITY REGISTRAR ABOUT ANY CHANGE IN THE ABOVE DATA.