UNIVERSITY OF THE PHILIPPINES
Diliman, Quezon City

Request for EDF Discount

Term 1 2 3   AY _____

Name _ _____   Student No. 20 ___ – _____
      Surname   First name   MI

Citizenship _____   ☐ **Resident alien** ☐ **Non-resident alien**

College _____ **Dept** _____ **Course** _____ **Year Level** ____

Stay in UPD ___ semesters ___ summers ___ trimesters **GWA**[1] _____

EDF discount history[2]

Term & AY	% discount

Term & AY	% discount

Category[2]

☐ **Full-time faculty**   ☐ **Visiting professor/researcher**

☐ **Varsity**   ☐ **Exchange student (MOA with UPD)**

☐ **First-time residency**   ☐ **Others** _____

Academic progress[3] _____
Academic load for current term[4] _____
Current financial status[2] _____
Requested percent discount on EDF _____
Justification _____

_____

_____

_____

_____   _____
    Signature   **Date**

Attachments
[1] Submit certified true copy of grades.
[2] Submit supporting documents.
[3] Submit certified report on academic progress to date.
[4] Submit certified photocopy of Form 5.

Signature over printed name	**Recommendation**	**Date**
Program Adviser _____	_____	_____
Program Director _____	_____	_____
Department Chairman _____	_____	_____
Dean _____	_____	_____

Recommending Approval/Disapproval   **Action of the Chancellor**

_____   _____
Vice-Chancellor for Student Affairs   **Chancellor**

_____   _____
Date   **Date**