



***APPEAL for READMISSION to/ EXTENSION of RESIDENCE (WAIVER of MRR) in the UNIVERSITY**
___ 1ST / ___ 2ND Semester / ___ Mid-year Term, AY 20 ___ - 20 ___

<i>(To be filed in by the student)</i>	
NAME: _____	Student Number: _____
Degree Program: _____	College: CSWCD
Request/s: _____	
Student Signature: _____	Date: _____

First Enrollment in UP (Specify the College, Year & Semester)	First Enrollment in current College	First enrollment	Last enrollment	Duration of LOA	Duration of AWOL	Deficiencies
		In current program				

The above-specified student is ineligible to enroll due to:

- | | |
|--|-------------------------|
| ___ non-compliance with the condition/s set by the Department ¹
Condition/s not met _____ | Proceed to Steps 2 to 3 |
| ___ non-compliance with the conditions set by the College the previous semester
Condition/s not met _____ | Proceed to Steps 2 to 4 |
| ___ Dismissed status ²
Reason _____ | Proceed to Steps 1 to 6 |
| ___ Permanent Disqualification ³ | Proceed to Steps 1 to 6 |
| ___ AWOL ⁴ (after approval of this form proceed to your College Readmission. Present this
Approved form and the College Readmission Slip to the OUR for the issuance of University
Readmission Slip.) | Proceed to Steps 1 to 6 |
| ___ MRR ⁵ | Proceed to Steps 2 to 6 |
| ___ Other | Proceed to Steps _____ |

The student is requesting for -

Readmission effective _____

Extension of residence until _____

Attached documents:

- ___ Letter of appeal ___ TCG (**for Readmission**) ___ Timetable ___ Adviser's Justification ___ OCG Certification
___ Curriculum Checklist (MRR extension) ___ Others (Please specify)

PRINTED NAME & SIGNATURE OF COLLEGE SRE: _____

Date: _____

Notes (based on the academic information contained in the UPD General Catalogue 2004-2010)

¹ Student is in good academic standing

² Students who, at the end of the semester, obtain final grades below "3" in at least 76% of the total number of academic units
In which they receive final grades

³ Students who, the end of semester, obtain final grades below "3" in 100% of the academic units in which they are given final grades

⁴ Absence without leave for more than one term

⁵ For undergraduate students, the Maximum Residence Rule states that a student must finish the requirements of a course of any College
within a period of actual residence equivalent to 1 ½ times the normal length of the course concerned.

	Recommendation	Remarks
STEP 1 OFFICE OF COUNSELING AND GUIDANCE/GRADUATE PROGRAM OFFICE Signature: _____ Guidance Counselor/Graduate Coordinator Date: _____	____ Approval ____ Disapproval	
STEP 2 DEPARTMENT/INSTITUTE: Signature: _____ Program Adviser Date: _____ Signature: _____ Department Chairman/Institute Director Date: _____	____ Approval ____ Disapproval ____ Approval ____ Disapproval	
STEP 3 OFFICE OF COLLEGE SECRETARY/GRADUATE PROGRAM OFFICE Signature: _____ College Secretary/Graduate Coordinator/ Associate Dean for Student Affairs Date: _____	____ Approval ____ Disapproval	
STEP 4 OFFICE OF THE DEAN Signature: _____ Dean Date: _____	____ Approval ____ Disapproval	
STEP 5 OFFICE OF THE UNIVERSITY REGISTRAR Signature: _____ University Registrar Date: _____	____ Approval ____ Disapproval	
STEP 6a (only for permanent disqualification) OFFICE OF THE VICE CHANCELLOR FOR STUDENT AFFAIRS Signature: _____ Vice Chancellor for Student Affairs Date: _____ STEP 6b OFFICE OF THE VICE CHANCELLOR FOR ACADEMIC AFFAIRS Signature: _____ Vice Chancellor for Academic Affairs Date: _____	____ Approval ____ Disapproval ____ Approval ____ Disapproval	

*This form should not be used by student returning from LOA⁶

Approved at the College Secretaries' Meeting on 24 June 2013. Revised as of 24 June 2013



College of Social Work and Community Development
University of the Philippines
Diliman, Quezon City

Form No. **CSWCD.SF-06**
SS 2016-2017 MTVT

PROPOSED PLAN OF STUDY

NAME: _____

Semester of First enrollment in the program: _____

Highest Degree Attained: _____

(Curriculum required courses)

Degree Program: _____

Area of Specialization: _____

Required Units: _____

Program Track: [] Thesis [] Non-Thesis

Course No.	Course Title	Units	Semester	Academic Year	Grade
A. Core Courses					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
B. Electives					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
C. Cognates					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
D. Other Courses Required					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



PROPOSED PLAN OF STUDY

_____ Semester, AY _____

NAME: _____

Semester of First enrollment in the program: _____

Student Number: _____

Required Units: _____

Degree Program: _____

Program Track: ☐ Thesis ☐ Non-Thesis

Area of Specialization: _____

Required Units: _____

(Course/s currently taking and course/s TO TAKE for the next semesters)

First Semester _____		
Course	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Second Semester _____		
Course	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Semester _____		
Course Code	Units	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prepared by:

Program Adviser

Date: _____

Noted by:

ASST. PROF. ANA TERESA L. PRONDOSA
College Secretary