



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

*(To be filed in by the student)*

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

<sup>1</sup> Student is in good academic standing

<sup>2</sup> 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

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

<sup>4</sup> Absence without leave for more than one term

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

\*This form should not be used by student returning from LOA<sup>6</sup>

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

\_\_\_\_\_





**PROPOSED PLAN OF STUDY**

\_\_\_\_\_ Semester, AY \_\_\_\_\_

**NAME:** \_\_\_\_\_

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

Semester of First enrollment in the program: \_\_\_\_\_

Program Track: [ ] Thesis [ ] Non-Thesis

Student Number: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

Required Units: \_\_\_\_\_

Required Units: \_\_\_\_\_

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

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

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

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

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

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

**Prepared by:**

**Noted by:**

\_\_\_\_\_  
 Program Adviser

\_\_\_\_\_  
 College Secretary

Date: \_\_\_\_\_