

**UNIVERSITY OF THE PHILIPPINES  
U.P. LOS BAÑOS**

SAIS NO.: \_\_\_\_\_

**APPLICATION FOR STUDY PRIVILEGES  
For Non-Earning Children/Spouse of U.P. Employees  
\_\_\_\_\_ Semester/Trimester/Summer, AY \_\_\_\_\_**

*NOTE: the deadline for submission is the day before the first day of registration for each semester/trimester or summer.*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student No: \_\_\_\_\_ College: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Contact Number \_\_\_\_\_

- A. I hereby certify that the above-mentioned student is my son/daughter/spouse and at present is not employed or has no other means of income.

\_\_\_\_\_  
Signature over printed Name of U.P. Personnel

\_\_\_\_\_  
Designation/Office/Unit

**B. 1. For Currently Employed Personnel (To be accomplished by HRDO)**

This is to certify that \_\_\_\_\_ is a ( ) regular fulltime personnel  
( ) regular part time faculty ( ) non-regular fulltime personnel (with appointment co-extensive with the semester or term for which the privilege is applied for) with the following status:

- |   |  |
|---|--|
| <input type="checkbox"/> on active duty/not on leave        | <input type="checkbox"/> on secondment to another gov't/ agency or outside the |
| <input type="checkbox"/> on sick leave with/without pay     | country on academic assignment   |
| <input type="checkbox"/> on vacation leave with/without pay | <input type="checkbox"/> on sabbatical   |

**2. For U.P. Retirees and other Personnel:**

This is to certify that \_\_\_\_\_ was already separated from the service in the University due to ( ) compulsory retirement ( ) optional retirement ( ) disability on \_\_\_\_\_ with an aggregate service in the University of not less than ten (10) years.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief, Human Resource Development Office

**C. (To be filled up by the student)**

Grades Obtained During the Last Enrollment  
\_\_\_\_\_ Semester/Trimester/Summer, A.Y. \_\_\_\_\_

SUBJECT	GRADE	UNIT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This to certify that the above-mentioned student  
( ) has exceeded ( ) has not exceeded the allowed  
Maximum residence and the grades for all the subjects  
Enrolled in as of the last day of registration for said  
Semester/trimester/summer are complete and accurate.

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

\_\_\_\_\_  
Date

**D. Subjects to Enroll (to be accomplished by the student)**

SUBJECT	UNIT	SUBJECT	UNIT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**E. (To be accomplished by the Office of the University Registrar)  
Recommending Approval:**

- ☐ 100% discount on tuition, miscellaneous & lab fees  
☐ 50% discount on tuition, miscellaneous & lab fees  
☐ not entitled to any discount

\_\_\_\_\_  
Date

\_\_\_\_\_  
ROSALINA A. MONTARAS  
Administrative Officer V

Approved:

\_\_\_\_\_  
MARIBEL L. DIONISIO-SESE  
University Registrar