



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
College, Laguna, 4031, Philippines
OFFICE OF THE UNIVERSITY REGISTRAR

UNDERGRADUATE ADMISSION APPLICATION

NAME _____
Last Name
First Name
Middle Name

GENDER: () Male () Female CIVIL STATUS : () Single () Married
 If married, name of spouse _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PERMANENT HOME ADDRESS: _____

CURRENT ADDRESS: _____

TELEPHONE NO.: _____ E-MAIL ADDRESS: _____

Check appropriate blank below:

APPLYING FOR ADMISSION AS:

- Beginning Freshman
(high school graduate with no college credit)
- Transfer Student
(with at least 33 academic units from another college)
- Non-Degree Student
(will earn credits for subjects taken at UPLB)
- Special Student
(will not earn any credit for subjects taken at UPLB)
- Second Degree
- Other, Please specify _____

FOR ADMISSION STARTING:

- First Semester, _____
- Second Semester, _____

Specific Subjects Applied For:
(For non-degree and special students only)

Course Program /College applying for:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> College of Agriculture and Food Science <ul style="list-style-type: none"> <input type="checkbox"/> B.S. Agriculture <input type="checkbox"/> B.S. Agricultural Biotechnology <input type="checkbox"/> B.S. Food Science and Technology <input type="checkbox"/> College of Arts and Sciences <ul style="list-style-type: none"> <input type="checkbox"/> B.A. Communication Arts <input type="checkbox"/> B.A. Philosophy <input type="checkbox"/> B.A. Sociology <input type="checkbox"/> B.S. Applied Mathematics <input type="checkbox"/> B.S. Applied Physics <input type="checkbox"/> B.S. Biology <input type="checkbox"/> B.S. Chemistry <input type="checkbox"/> B.S. Computer Science <input type="checkbox"/> B.S. Mathematics <input type="checkbox"/> B.S. Mathematics and Science Teaching <input type="checkbox"/> B.S. Statistics <input type="checkbox"/> CAFS-CAS Joint Program <ul style="list-style-type: none"> <input type="checkbox"/> B.S. Agricultural Chemistry <input type="checkbox"/> College of Development Communication <ul style="list-style-type: none"> <input type="checkbox"/> B.S. Development Communication | <ul style="list-style-type: none"> <input type="checkbox"/> College of Economics and Management <ul style="list-style-type: none"> <input type="checkbox"/> B.S. Agribusiness Management & Entrepreneurship <input type="checkbox"/> B.S. Agricultural and Applied Economics <input type="checkbox"/> B.S. Economics <input type="checkbox"/> College of Eng'g. & Agro-Industrial Technology <ul style="list-style-type: none"> <input type="checkbox"/> B.S. Agricultural and Biosystems Engineering <input type="checkbox"/> B.S. Chemical Engineering <input type="checkbox"/> B.S. Civil Engineering <input type="checkbox"/> B.S. Electrical Engineering <input type="checkbox"/> B.S. Industrial Engineering <input type="checkbox"/> College of Forestry and Natural Resources <ul style="list-style-type: none"> <input type="checkbox"/> B.S. Forestry <input type="checkbox"/> College of Human Ecology <ul style="list-style-type: none"> <input type="checkbox"/> B.S. Human Ecology <input type="checkbox"/> B.S. Nutrition <input type="checkbox"/> College of Veterinary Medicine <ul style="list-style-type: none"> <input type="checkbox"/> Doctor of Veterinary Medicine |
|--|--|

If you are admitted, will it be your first enrolment in UP Yes No If no, answer the following:
 UP College(s) attended Semester(s) & School year(s) attended Course Classification
(regular, non-degree or special)

FATHER [] Living
[] Deceased

MOTHER [] Living
[] Deceased

GUARDIAN/SPOUSE

Name _____
Address _____
Telephone No. _____
E-mail Address _____
Occupation _____

FINANCIAL SUPPORT:

[] Parents [] Self [] Scholarship [] Other, Specify: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____ Relationship _____
Address _____ Telephone No. _____

List in chronological order all schools* attended starting from secondary school:

Name of School Attended Received	Location	Dates	Degree	Honors
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Transcript of records or true copy of grades duly certified by appropriate authorities in all institutions attended should be sent to the Office of the University Registrar, UPLB, 4031 College, Laguna, Philippines. This application will not be considered unless these records are received.

Are you presently enrolled? [] Yes [] No If yes, in what school are you enrolled? _____

Have you ever been subject to academic or disciplinary action (i.e. probation, suspension, dismissal) from any institution attended?

[] Yes [] No If yes, please explain giving the dates and other details: _____

Non-Filipino students:

Immigration status _____ ACR/ICR No. _____
Date Issued _____ Where Issued _____

For applicants from non-English speaking countries, submit TOEFL score along with your academic records as part of your application credentials.

I have read the University of the Philippines' Privacy Notice for Students. (Please go to website: sais.up.edu.ph)

I grant my consent to and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to shift/transfer/be admitted as a student of UP (please indicate what is applicable).

Attach a recent 2"x 2"
photograph here

Please sign photograph
at the back

I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies, rules and regulations of the University of the Philippines Los Baños.

Signature

Date

IMPORTANT NOTICE:

Evaluation of application for admission will be made upon submission of all official copy of grades/examination certificates or transcript of all collegiate courses enrolled in.