UNIVERSITY OF THE PHILIPPINES LOS BANOS College, Laguna

OFFICE OF THE UNIVERSITY REGISTRAR

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Name of Student A	pplicant:(Please Print)		Student Number:	<u> </u>
Degree Course:	-		Classification:	
Home Address:			Date of Birth:	=
Semester:	1st2ndSummer, 2	<u></u>	UP Mail: Sex:	
		<u></u>	<u></u>	
First time to apply.	Yes No (If no, p	lease specify:)	
	ply for my I.D. replacement due to	the following reason (s)):	
Plea	se check:	fully A		
Ш	My ID was lost. (Please explain	rully)		
	Others (please specify, e.g., sh	ifted to another course, f	faded, damaged, etc.)	
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