

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: \_\_\_\_\_

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 fir which the privilege is applied for) with the following status:

- [ ] on active duty/not on leave [ ] on secondment to another gov't/ agency or outside the country on academic assignment
- [ ] on sick leave with/without pay
- [ ] on vacation leave with/without pay [ ] 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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

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.

\_\_\_\_\_  
Date DIGNA D. FELISMINO  
Administrative Officer V

Approved:

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

MARGARITA CARMEN S. PATERNO  
University Registrar