

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

APPLICATION FOR STUDY PRIVILEGES
 For Non-Earning Children/Spouse of U.P. Employees
 _____ Semester/Trimester/Midyear, AY _____

Student Name: _____
 Student No: _____

Sex Assigned at Birth: _____
 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 and Office/Unit

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

This is to certify that _____ holds the following status:

- | | | | |
|--|-----------|------------------------------------|---|
| <input type="checkbox"/> Permanent | OA: _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> On active duty / not on leave |
| <input type="checkbox"/> Temporary | | <input type="checkbox"/> Part Time | <input type="checkbox"/> On study leave with/without pay |
| <input type="checkbox"/> Casual | | | <input type="checkbox"/> On sick leave with/without pay |
| <input type="checkbox"/> Under Contract of Service | | | <input type="checkbox"/> On vacation leave with/without pay |
| Inclusive Dates: _____ | | | <input type="checkbox"/> Sabbatic |
| | | | <input type="checkbox"/> On secondment to another gov't agency
or outside the country on academic assignment |

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.

 Director, Human Resource Development Office

 Date

C. (To be filled up by the student)

Grades obtained during the last enrollment
 _____ Semester/Trimester/Midyear AY _____

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

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

SUBJECT	UNIT	SUBJECT	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/midyear
 are complete and accurate.

E. To be accomplished by the Office of the University Registrar

Approved / Disapproved:

 College Secretary

 Date

MARGARITA CARMEN S. PATERNO
 University Registrar