## UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

Office of the University Registrar

Tel. No. 049 536 6001 to 06 local 103,104, Email: records@upou.edu.ph, registration@upou.edu.ph

## REQUEST FOR CHANGE/CORRECTION OF INFORMATION

## Note to the Student

- Submit printed copy to the Office of the University Registrar (OUR) or email scanned copy of this form to records@upou.edu.ph / registration@upou.edu.ph together with the required supporting document/s, whichever is applicable:
  - a. <u>Change of Last Name/Change of Civil Status</u> photocopy of marriage certificate; photocopy of Court Order if change is due to annulment, legal separation
  - b. <u>Correction of First Name</u> affidavit of Change of Name; photocopy of Birth Certificate
  - c. <u>Correction of Student Number</u> photocopy of UP transcript of records from former school
- Change/correction of information is accepted from <u>currently- enrolled students only</u>. To be reflected in the diploma and official transcript of records. The request for change/correction of name must be submitted not later than your last <u>semester/term in the university so that changes will be reflected in your diploma and official transcript of records.</u>

NAME:		STUDENT NUMBER:	
PROGRAM:		MAJOR:	
I hereby reques	st that the following cha	anges in information be made in my current record at the	
	CURRENT RECORD	CHANGE/CORRECTION REQUESTED	
[] Change of Last Name			
[] Change of First name			
[] Change of Civil Status			
[] Correction in the date of	f birth		
[] Change of Address	,		
[] Correction of Student Nu	umber		
[] Change of Email Address Telephone Number/Cell			
STUDENT:	_	OFFICE OF THE UNIVERSITY REGISTRAR: (Do not write on this spa	
JIODEN.		RECEIVED BY:DATE:Admission and Registration Section	
		ENCODED BY: DATE:	
SIGNATURE OVER PRINTED NAME		EDP Section/Records Section	