UNIVERSITY OF THE PHILIPPINES
OPEN UNIVERSITY
Office of the University Registrar
Tel. No. 049 536 6001 to 06 local 103,104, Email: registration@upou.edu.ph

APPLICATION FOR NON-DEGREE STUDENT

Please attach

2" x 2" photo here

To the applicant: This application shall not be acted upon unless the following documents are received by the OUR not later than one month before the start of the general registration: (a) Accomplished Application for Non-degree Student (b) Photocopy of Transcript of Records   (c) Two 2"x2" colored photo

PERSONAL INFORMATION

FAMILY NAME	FIRST NAME	MIDDLE NAME

GENDER	BIRTHDATE (MM/DD/YYYY)	AGE	CIVIL STATUS	CITIZENSHIP

EMAIL ADDRESS	TELEPHONE NO. (HOME)	TELEPHONE NO. (OFFICE)

HOME ADDRESS

OCCUPATION	MAILING ADDRESS

EDUCATIONAL BACKGROUND

	SCHOOL ATTENDED	DEGREE/COURSE	DATE OF GRADUATION
COLLEGE			
POSTBACCALAUREATE DIPLOMA			
MASTERS			
DOCTORATE			

Are you currently enrolled: [ ] Yes [ ] No

   If yes, what program?_____ School: _____

Are you a former UP student: [ ] Yes [ ] No

If yes, indicate UP student no: ____ _____

APPLICATION INFORMATION

TERM APPLYING FOR:

[ ] 1ST   [ ] 2ND   [ ] 3RD/SUMMER   SCHOOL YEAR 20_____ TO 20 _____

PREFERRED UPOU LEARNING CENTER
(Please visit www.upou.edu.ph for the list of LCs)

_____

COURSES TO BE TAKEN
(Please check the current list of course offerings
  in the UPOU website www.upou.edu.ph)

	COURSES	UNITS	RECOMMENDING APPROVAL (Program Chair)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

REASON/S FOR ENROLLMENT

DO YOU HAVE PLANS OF APPLYING TO ANY OF THE DEGREE PROGRAMS OFFERED BY UPOU?

[ ] YES   [ ] NO   IF YES, WHAT PROGRAM? _____

ACTION TAKEN

[   ] APPROVED   [ ] DISAPPROVED   Noted for enrollment:

_____   _____
            DEAN   **UNIVERSITY REGISTRAR**

_____   _____
      DATE   DATE