

APPLICATION FOR ADMISSION TO GRADUATE PROGRAMS

University of the Philippines OPEN UNIVERSITY

Los Baños, Laguna 4031, Philippines

This application shall not be acted upon unless the the following documents are received by the **Office of the University Registrar**, **UP Open University**, **Los Baños**, **Laguna** on or before the deadline for submission of application documents. Refer to the academic calendar posted at the OUR website (https://our.upou.edu.ph/) for deadlines.

- 1. Correctly and completely accomplished application form;
- Original and photocopy of academic credentials (please refer to the Admissions Menu in the OUR website for more information);
- 3. Two (2) letters of recommendation from any of your employer/supervisor, former professor, or former program adviser (download the UPOU Form 1A at the OUR website for the recommendation form);
- 4. Proof of payment of application fee (**non-refundable**) amounting to Php 500.00 for applicants based in the Philippines or USD 100.00 for applicants based abroad (please refer to the OUR website for the payment procedure);
- 5. Two pieces identical 2"x2" photos and two identical 1"x1" photos, with your name and the program applied for printed at the back of the photos;
- 6. Photocopy of NSO or PSA Birth Certificate;

Tel. No.

- 7. Photocopy of government-issued IDs with photo;
- 8. Additional requirements for foreign applicants (non-Filipino) (please refer to the OUR website for more information);
- 9. Additional requirements for Diploma in International Health (DIH) and Doctor of Communication (DCOMM) programs (please refer to the Admissions Menu in the OUR website for more information). **Note: PhD (Educ) and MPM have additional examination fees.**

State/Province

Offshore

Region

Country ___

What program

are you applying for?

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¹ NAME							
			First	t	Middle		
² GENDER ☐ Male ☐ Female	³ AGE	⁴ DATE OF BIRT	⁴ DATE OF BIRTH		PLACE	⁶ CITIZENSHIP	
⁷ CIVIL STATUS ☐ Single ☐ Marr: ☐ Widow/er ☐ Separ	ied	PRESENT OCCUPATIO	N/POSIT	ION	⁹ EMPLOYER □ Private □ Semi-Pri		
¹⁰ OFFICE ADDRESS			¹¹ HOM	E ADDR	ESS	-	
Tel. No:	Province:			Tel. No:		Province:	
Zip Code:	Code: Region:			Code:		Region:	
Fax No:			Mobile No:				
12PREFERRED MAILING ADDRESS: ☐ Office ☐ Home							
¹⁴ Name, address and tel. no.	of person	to be notified in case of	f emergei	ісу:			
¹⁵ Additional Personal I	nformati	on:					
		Father		Mother	ŕ	Spouse/Guardian	
Full Name:							
Home Address:							

B. EMPLOYMENT BACKGROU	ND							
¹⁶ Indicate the three (3) most recent occupational experience. Please use additional sheet if necessary.								
Name & Address of Employer	· •	Position		Da	ıte	Brief Desc		
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¹⁷ Subject(s) currently handled (for	teacher appli	cants only		¹⁸ No.	of veats wor	·kino/teaching	•	
¹⁷ Subject(s) currently handled (for teacher applicants only) 18 No. of years working/teaching								
19 FINANCIAL SUPPORT: Pare	19 FINANCIAL SUPPORT: Parents Self Loan Scholarship Others:							
	1163			1 SCHOL	usinp — c	Mileis		
C. EDUCATIONAL BACKGRO	UND							
²⁰ Have you been previously enre		e University of t	he Phi	linnine	26)	☐ Yes [□ No	
	n-degree	c Oniversity of the		15 50		☐ Yes	The state of the s	
					ram/degree? _			
21 LIDOU does not allow ony cone		U					1 6	
UPOU does not allow any conc all University/ies you have attended						ou must be clea	ired from	
·	•	• •				II daaraa muu		
Furthermore, once admitted and another university or in any other			t anow	vea to e	nroll in any o	ther degree prog	gram ai	
, ,		•	r \ in o	·· - 4la an .	11 /vmix/or		□ No	
Are you a current student (enroll	ea, on resid	ency, LOA, Aw O	L) III a.	nouiei (conege/umvei 		■ NO	
²² List tertiary and graduate schools previously attended.								
Institution(s) Attended	Institution(s) Attended D		gree Major Field		Field	Inclusive Date From To		
²³ Academic Honors, Awards and	²³ Academic Honors, Awards and Scholarship. Please use additional sheet if necessary.							
Award		Institution Conferring Award				Date Conferred		
²⁴ Professional, Licensure and C	ivil Service	Examination T	aken:		,1			
Title of Ex				Date Taken	Rating			
				No.				
						0		
²⁵ Membership in honor, professional and community organization. **Rease use additional sheet if necessary.**								
Inclusive Date								
				From	То			
							-	

²⁶ Publications. Please use additional sheet if necessa	ry.	
Title of Publication	Date Published	
	Dute I dominated	
²⁷ Unpublished papers or theses. Please use addi	itional sheet if necessary.	
Title of Paper	Date Written	
		"Te
²⁸ References. List down names, positions and addres	sses of the persons whom you have re-	quested to recommend you.
Name	Position	Address
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	+	
²⁹ Write an essay of about 500 words indicating	no vous puspose for applying t	o the distance education
programs and your plans after completion of		
programs and your plans after completion of	graduate study at the or ope	en eniversity.
	Cort	
Student Declaration:		
"I hereby affirm that all information supplied	-	
Withholding or giving false information will make me	· ·	
to dismissal. If admitted, I agree to abide by the pol UP Open University.	icles rules and regulations of the	
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I have also read the University of the Philipp	16/16/1 16/16/16 11 11 11 11 11 11 11 11 11 11 11 11 1	
(https://www.upou.edu.ph/up-data-privacy-notice-fo to and recognize the authority of the University of the l	Section is the many to the state of the section of	
and sensitive personal information, pursuant to the		
and applicable laws in connection with my application	-	
a student of UP Open University.		Do not staple.
I likewise consent to and recognize UP's aut	hority to post online and/or in LIP	
bulletin boards at its option to my name and program i		
in order for the University to comply with its Ch	¥ •	
transparency in the admissions process."	- ^ ^	
Signature ——	 Date Signed	
oignature	Date Signed	

For more information, please inquire at the Office of the University Registrar:

Tel. Nos.: (6349) 536-6001 to 6 loc. 199/441 Telefax No.: (6349) 5360106

Email: admissions@upou.edu.ph Website: www.upou.edu.ph