

## UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY UP FORM 5 CERTIFICATE OF REGISTRATION

STUDENT NO. NAME				FACULTY			PROGRAM/MAJOR			LOCATION	
			☐ FIC	FICS FMDS FICS					☐ LOCAL		
				☐ FEL	1				OFFSHORE		
TERM AND AY	ACADEMIC CAREER  ☐ UNDERGRAD ☐ GRADUATE ☐ CERTIFICATE					YEAR LEVEL				PLOYED?	
☐ 1ST ☐ 3RD ☐ MIDYR				TER 	RM? □NO	□YES	□NO				
		CROSS ENR								_	
COUNTRY OF CITIZENSHIP	RELIGIOUS PREF SEX at BIRTH (			CIVIL	STATUS			PAYMEN	IT DETAILS		
					OR NO. TRANSACTION			DATE:			
			NO.	CHON	AMOL	JNT					
COURSE/SUBJECT UNIT					PAID: AMOUNT						
COURSE/SUBJECT UNIT									AIVIOU	IVI	
						Tuition Fee  Reg Fee					
						Misc Fees					
						Inst Materials Fee					
						ID Fee					
						Entrance Deposit					
						Other Fee					
TOTAL NUMBER OF UNITS											
**************************************					TOTAL FEES						
************ PHILIPPINE HOME ADDRESS.					Less: Waiver of Other School Fees						
TEL NO. EMAIL:					Less: Tuition Subsidy						
PHILIPPINE OFFICE ADDRESS.					Less: Waiver of Other School Fees						
TEL NO. EMAIL:					Less: Tuition Subsidy						
FOREIGN HOME ADDRESS. TEL NO. EMAIL:					Less: Loan						
FOREIGN OFFICE ADDRESS. TEL NO. EMAIL:					AMOUNT	PAYABLE	:				
You are required to answer the following questions:  1. Are you currently enrolled in another degree program in other UP Constituent University?  Yes No  2. If Yes, please identify the degree program and the university or college you are enrolled in.											
Name of University:											
Degree Program:											
STUDENT PLEDGE AND DATA PRIVACY REMINDERS:											
I hereby certify that all information given above are true and correct.											
"In consideration of my admiss and pledge to abide by and con School in which I am enrolled (t	nply with all the rule	s and regu	lations laid do	wn by co	mpetent a	authority	in the Un	iversity Sy	stem and in	the College or	
I have read and understood the latest UP Privacy Notice for Students.											
I therefore agree that my personal information will be processed by UP pursuant to our contract and that I necessarily grant UP consent for the processing of my sensitive personal information required by the applicable rules and regulations that UP adopted in order for the University to provide me with quality education such that there is no further need for UP to obtain my consent for such processing done in the exercise of UPs academic freedom."											
Signature of Student:			Date:								
Signature of Student:Signature over printed name of Date:	F Parent/Guardian (if	student is	below eightee	en years	old):		<del></del>				

Note: The accomplished FORM 5 should be submitted together with an endorsement letter from the Program Chair (PC).