



APPLICATION FOR ADMISSION TO PROFESSIONAL TEACHER CERTIFICATION (PTC) PROGRAM

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;
2. Photocopy of valid Transcript of Records (TOR) for all degrees earned; (please refer to the Admissions Menu in the OUR website for more information);
3. Two recent identical 2"x2" and two identical 1"x1" colored photos, with plain background (print complete name at the back);
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. Photocopy of NSO or PSA Birth Certificate;
6. Photocopy of government-issued IDs with photo.

Year/Term applied:

- 1st Trimester
 2nd Trimester
 3rd Trimester

Current Location:

- Local
 Province _____
 Region _____
 Offshore
 State/Province _____
 Region _____
 Country _____

A. PERSONAL DATA

Please print

¹ NAME _____					
<i>Family</i>		<i>First</i>		<i>Middle</i>	
² GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	³ AGE	⁴ DATE OF BIRTH	⁵ BIRTHPLACE	⁶ CITIZENSHIP	
⁷ CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated		⁸ PRESENT OCCUPATION/POSITION		⁹ EMPLOYER _____ <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Semi-Private <input type="checkbox"/> Others: _____	
¹⁰ OFFICE ADDRESS _____ Tel. No: _____ Province: _____ Zip Code: _____ Region: _____ Fax No: _____			¹¹ HOME ADDRESS _____ Tel. No: _____ Province: _____ Zip Code: _____ Region: _____ Mobile No: _____		
¹² PREFERRED MAILING ADDRESS: _____ <input type="checkbox"/> Office <input type="checkbox"/> Home		¹³ E-MAIL ADDRESS: _____			
¹⁴ Name, address and tel. no. of person to be notified in case of emergency: _____					
¹⁵ Additional Personal Information:					
	Father	Mother	Spouse/Guardian		
Full Name:	_____	_____	_____		
Home Address:	_____	_____	_____		
Tel. No.	_____	_____	_____		

B. EMPLOYMENT BACKGROUND

16 Indicate in chronological order employment background. Applicants to the BAMS program, please state in details work experience related to multimedia. Please use additional sheet if necessary.

Name & Address of Employer	Position	Date		Brief Description of Duties
		From	To	

C. EDUCATIONAL BACKGROUND

17 Have you been previously enrolled in the University of the Philippines? Yes No
 If yes, Regular Non-degree Special Others: _____ UP student number: _____
 What program/degree? _____

18 **UPOU does not allow any concurrent enrollment in two or more degree programs.** You must be cleared from all University/ies you have attended prior to application and admission to UPOU.

Furthermore, once admitted and enrolled at UPOU, you are not allowed to enroll in any other degree program at another university or in any other UP constituent university.

Are you a current student (enrolled, on residency, LOA, AWOL) in another college/university? Yes No

19 List tertiary and graduate schools previously attended.

Institution(s) Attended	Degree	Major Field	Inclusive Date	
			From	To

20 Academic Honors, Awards and Scholarship. *Please use additional sheet if necessary.*

Award	Institution Conferring Award	Date Conferred

21 Professional, Licensure and Civil Service Examination Taken:

Title of Examination	Date Taken	Rating

22 Membership in honor, professional and community organization. *Please use additional sheet if necessary.*

Organization	Nature of Organization	Position Held	Inclusive Date	
			From	To

Student Declaration:

“I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies, rules and regulations of the UP Open University.

I have also read the University of the Philippines’ Privacy Notice for Students (<https://www.upou.edu.ph/up-data-privacy-notice-for-students/>). I grant my consent to and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to shift/transfer/be admitted as a student of UP Open University.

I likewise consent to and recognize UP’s authority to post online and/or in UP bulletin boards at its option to my name and program in the event I qualify for admission in order for the University to comply with its Charter to uphold the principle of transparency in the admissions process.”

**Please attach
2” x 2” photo here.**

**Please paste.
Do not staple.**

Signature

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