



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](mailto:records@upou.edu.ph), [registration@upou.edu.ph](mailto:registration@upou.edu.ph)

**REQUEST FOR CHANGE/CORRECTION OF INFORMATION**

**Note to the Student**

1. **Submit printed copy to the Office of the University Registrar (OUR) or email scanned copy of this form to [records@upou.edu.ph](mailto:records@upou.edu.ph) / [registration@upou.edu.ph](mailto:registration@upou.edu.ph) together with the required supporting document/s, whichever is applicable:**
  - a. Change of Last Name/Change of Civil Status – photocopy of marriage certificate; photocopy of Court Order if change is due to annulment, legal separation
  - b. Correction of First Name – affidavit of Change of Name; photocopy of Birth Certificate
  - c. Correction of Student Number – photocopy of UP transcript of records from former school
2. **Change/correction of information is accepted from currently-enrolled students only. 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 semester/term in the university so that changes will be reflected in your diploma and official transcript of records.**

**NAME:** \_\_\_\_\_ **STUDENT NUMBER:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

I hereby request that the following changes in information be made in my current record at the UPOU:

<u>CURRENT RECORD</u>	<u>CHANGE/CORRECTION REQUESTED</u>
<input type="checkbox"/> Change of Last Name _____	_____
<input type="checkbox"/> Change of First name _____	_____
<input type="checkbox"/> Change of Middle Name _____	_____
<input type="checkbox"/> Correction in the date of birth _____	_____
<input type="checkbox"/> Change of Address _____	_____
<input type="checkbox"/> Change of Civil Status _____	_____
<input type="checkbox"/> Correction of Student Number _____	_____
<input type="checkbox"/> Change of Email Address/ Telephone Number/Cell Phone Number _____	_____

<p><b>STUDENT:</b></p>    <p style="text-align: center;">_____ <b>SIGNATURE OVER PRINTED NAME</b></p>	<p><b>OFFICE OF THE UNIVERSITY REGISTRAR: <i>(Do not write on this space)</i></b></p> <p>RECEIVED BY: _____ DATE: _____ Admission and Registration Section</p> <p>ENCODED BY: _____ DATE: _____ EDP Section/Records Section</p>
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