

**APPEAL FORM FOR ADMISSION First Semester, 2019-2020**

**OFFICE OF THE UNIVERSITY REGISTRAR**

University of the Philippines Manila (*The Health Sciences Center*)

Padre Faura Street, Ermita, Manila

09955153914 (Globe); 09293031640 (Smart) preferably through calls

**OUR website: [our.upm.edu.ph](http://our.upm.edu.ph); email: [upm-our@up.edu.ph](mailto:upm-our@up.edu.ph)**

**Instruction: Kindly answer all the information requested for in the application form.  
Incomplete application will not be processed.**

**DEADLINE OF SUBMISSION OF FORM: 29 May 2019**

Name \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_  
Is one of your parents a UP employee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, indicate office address and position \_\_\_\_\_  
\_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Office Name and Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Office Name and Address \_\_\_\_\_  
High School \_\_\_\_\_  
High School Address \_\_\_\_\_  
High School Type:  
/\_\_\_ Public General /\_\_\_ Public Science /\_\_\_ Private /\_\_\_ State University /\_\_\_ UPHS /\_\_\_ Public Vocational /\_\_\_ others

**UPG \_\_\_\_\_ (Submit a photocopy of notice of UPCAT result and bring the original)**

**UP MANILA Degree Programs: Choose four (4) degree programs in order of priority from the list below.  
(BA Development Studies, BA Political Science, BA Social Sciences, BA Organizational Communication,  
BA Philippine Arts, Doctor of Dental Medicine)**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**I fully understand this does not guarantee admission to UP Manila.** I promise to abide by the rules set by the Office of the University Registrar regarding the assignment of accepted applicants to any course/program with available slots.

Signature over Printed Name of Student _____	Signature over Printed Name of Parent/Guardian _____
Tel. No. _____	Tel. No. _____
Cellphone Number _____	Cellphone Number _____
E-mail Address _____	E-mail Address _____

**Please make sure you can be contacted thru the numbers indicated above**