

OFFICE OF THE UNIVERSITY REGISTRAR  
University of the Philippines Manila  
Padre Faura Street, Manila  
Tel. No. (02) 523-96-08, Telefax (02) 524-0534  
**CONFIRMATION OF DECISION TO ENROLL IN  
THE UNIVERSITY OF THE PHILIPPINES MANILA**

UP Form C1

**THIS FORM MUST BE RECEIVED BY THE OFFICE OF THE UNIVERSITY REGISTRAR,  
UP MANILA ON OR BEFORE 18 March 2013.  
FAILURE TO INFORM THE OFFICE OF THE REGISTRAR WILL RESULT IN THE  
CANCELLATION OF YOUR SLOT.**

**Instructions: Complete the form and submit to the Office of the University Registrar Manila**

Name: \_\_\_\_\_  
Student Number: 2013-\_\_\_\_\_

**A. Regular Qualifiers (those with assigned courses)**

Do you intend to enroll in the University of the Philippines Manila?

- Yes, I intend to enroll in UP Manila in the degree program I qualified in.  
 No. I do not intend to enroll in UP Manila because \_\_\_\_\_

**B. Qualifiers who will defer enrollment during AY 2013-2014:.**

I will defer my enrollment and enroll during the \_\_\_\_\_ Semester  
(If due to health reason, submit medical certificate)

**C. Qualifiers with course code 7777 DPWS (Degree Programs with available slots).**

Choose at least 4: (2 Bachelor of Science and 2 Bachelor of Arts) from any of the following degree programs. Number your choices according to your priority course. Assignment to a degree program will depend on availability of slots and UPCAT score.

**DPWS QUALIFIERS MAY INQUIRE STARTING 2 APRIL 2013 REGARDING THEIR COURSE ASSIGNMENT**  
**Deadline for confirming degree course assignment for DPWS qualifiers – 10 April 2013**  
**Failure to confirm the assigned course for DPWS qualifiers on or before 10 April 2013**  
**will mean cancellation of your slot.**

- |  |  |
|--|--|
| <input type="checkbox"/> BA Organizational Communication   | <input type="checkbox"/> Doctor of Dental Medicine |
| <input type="checkbox"/> BA Development Studies            | <input type="checkbox"/> BS Nursing                |
| <input type="checkbox"/> BA Philippine Arts                | <input type="checkbox"/> BS Public Health          |
| <input type="checkbox"/> BA Social Sciences (Area Studies) |  |

**D. Advanced Placement Examination (APE)**

- You may apply for APE for the following subjects: Math 11 (College Algebra), Math 14 (Plane Trigonometry), Math 17 (Algebra & Trigonometry), Natural Science 1 (Foundation of Natural Science 1), Natural Science II (Foundation of Natural Science II), Communication I (Communication Skills I), and Komunikasyon I (Kasanayan sa Komunikasyon).
- Passing the Advanced Placement Examination means that you need not enroll in these subjects but instead may enroll in the next higher subject.
- For more information, contact the Office of the College Secretary, College of Arts and Sciences (CAS), Padre Faura St. near Taft Avenue at tel. nos. (02) 5254980/5246798.

**Application Period : 19, 22-24 April 2013.**

**Examination date : 25 April 2013 (Math 11 - 10am to 12:00; Com I - 1pm to 3pm)**  
**26 April 2013 (Math 14 – 10am to 12:00; Kom I – 1pm to 3pm; Nat Sci II – 3:30pm to :30pm)**  
**29 April 2013 (Math 17 – 10am to 12:00; NatSci I – 1pm to 3pm)**

**Requirements for Application : Photo copy of Admission Notice, 2 pcs. 2"x2" Colored pictures and an Identification Card.**

**Where to Apply : CAS, Window 1, Office of the College Secretary**  
**UP Manila at 8:30-11:30 am and 1:30 – 3:00 pm**

**E. Intention to apply for financial assistance under the STFAP?**

Yes, I intend to apply. Please read carefully the STFAP instructions  No, I do not intend to apply.

F. Bracket "B" Certification (Accomplish in triplicate and submit to the assessor during enrollment)

**G. Return Service Agreement (RSA)**

If you intend to enroll in any of the courses offered by the following colleges – Allied Medical Professions, Public Health, Nursing, Pharmacy, Dentistry and Medicine (Intarmed), please read carefully the attached Return Service Agreement (RSA)

**Please write clearly and legibly.**

Signature over Printed Name of Student/Date

Res.Tel. No.: \_\_\_\_\_ Cellphone# \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature over Printed Name of Parent/Guardian/Date

Res.Tel. No.: \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address: \_\_\_\_\_