

Processing Fee:
P150.00

APPEAL FORM FOR ADMISSION First Semester, 2017-2018

OFFICE OF THE UNIVERSITY REGISTRAR

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

Padre Faura Street, Ermita, Manila

09152311167 (Globe); 09293851172 (Smart) preferably through calls

OUR website: our.upm.edu.ph; email: 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: 16 March 2017

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. (BS Occupational Therapy*, BS Physical Therapy*, BS Speech Pathology*, BA Behavioral Sciences, BA Development Studies, BA Organizational Communication, BA Philippine Arts, BA Political Science, BA Social Sciences, BS Biology, BS Computer Science, BS Applied Physics, Doctor of Dental Medicine*, BS Nursing*, BS Industrial Pharmacy*, BS Pharmacy*, BS Public Health*)

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

Tel. No. _____

Cellphone Number _____

E-mail Address _____

Signature over Printed Name of Parent/Guardian

Tel. No. _____

Cellphone Number _____

E-mail Address _____

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

***RSA – Return Service Agreement is an absolute admission requirement for the degree programs covered by it.**