



UNIVERSITY OF THE PHILIPPINES MANILA
The Health Sciences Center
OFFICE OF THE UNIVERSITY REGISTRAR
 Padre Faura Street, Manila

UP FORM #

REFUND FORM

DATE

TRISTAN NATHANIEL C. RAMOS, DDM, MPH
University Registrar
 University of the Philippines Manila

Dear Dr. Ramos:

I have the honor to request for the refund of fees

SURNAME				FIRST NAME				MIDDLE NAME				MAIDEN NAME			
STUDENT NUMBER				COLLEGE				DEGREE							
for the		FS	SS	MID YEAR		ACADEMIC YEAR				in view of the reasons stated below.					
		TERM													

REASONS FOR REQUEST

- FORCED DROPPING/ SUBJECT DISSOLVED
- REGISTRATION WITHDRAWN/ HONORABLE DISMISSAL/ LEAVE OF ABSENCE
- CHILD/SPOUSE OF UP PERSONNEL
- EXEMPTED FROM NON CITIZENSHIP FEE (EDF)
- SCHOLARSHIP _____
- EXCESS AMOUNT IN CHECK
- OTHERS (SPECIFY) _____

ATTACHMENTS (@ 2 COPIES)

- O.R. NO. _____ DATED _____
- SIGNED CHANGE OF MATRICULATION FORM/ DROPPING SLIP
- APPROVED LEAVE OF ABSENCE/ WITHDRAWAL OF REGISTRATION
- APPROVED PRIVILEGE TO STUDY AT REDUCED FEES
- APPROVED SCHOLARSHIP
- CERTIFICATION FROM CASH OFFICE (VALIDATED CHECKS)
- OTHERS _____

Very truly yours,

(Signature Over Printed Name)

OFFICE OF THE UNIVERSITY REGISTRAR
1ST ENDORSEMENT

Respectfully forwarded to the CASHIER, UNIVERSITY OF THE PHILIPPINES MANILA recommending the approval of the reimbursement of all refundable fees requested in view of the reason/s state above.

FOR REFUND

DEPOSIT/ ENTRANCE FEE		I.D. CARD	
TUITION FEE		LATE REGISTRATION	
MISCELLANEOUS FEES		EXCESS AMOUNT IN CHECK	
STUDENT FUND		OTHERS (SPECIFY):	
LABORATORY			
			TOTAL

TRISTAN NATHANIEL C. RAMOS, DDM, MPH
 UNIVERSITY REGISTRAR