



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

UPM-OUR-OP-01F8

REFUND FORM

DATE

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JEAN FLOR CAMU CASAUAY, RPh, MS
University Registrar
 University of the Philippines Manila

Dear **Asst. Prof. Casauay**:

I have the honor to request for the refund of fees

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

REASONS FOR REQUEST	ATTACHMENTS (@ 2 COPIES)
<input type="checkbox"/> FORCED DROPPING/ SUBJECT DISSOLVED <input type="checkbox"/> REGISTRATION WITHDRAWN/ HONORABLE DISMISSAL/ LEAVE OF ABSENCE <input type="checkbox"/> CHILD/SPOUSE OF UP PERSONNEL <input type="checkbox"/> EXEMPTED FROM NON-CITIZENSHIP FEE (EDF) <input type="checkbox"/> SCHOLARSHIP _____ <input type="checkbox"/> EXCESS AMOUNT IN CHECK <input type="checkbox"/> OTHERS (SPECIFY) _____	<input type="checkbox"/> O.R. NO. _____ DATED _____ <input type="checkbox"/> SIGNED CHANGE OF MATRICULATION FORM/ DROPPING SLIP <input type="checkbox"/> APPROVED LEAVE OF ABSENCE/ WITHDRAWAL OF REGISTRATION <input type="checkbox"/> APPROVED PRIVILEGE TO STUDY AT REDUCED FEES <input type="checkbox"/> APPROVED SCHOLARSHIP <input type="checkbox"/> 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	

JEAN FLOR CAMU CASAUAY, RPh, MS
 UNIVERSITY REGISTRAR