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

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

SURNAME	*FIRST NAME*	*MIDDLE NAME*	*MAIDEN NAME*

STUDENT NUMBER - COLLEGE DEGREE

for the FS SS MID YEAR in view of the reasons stated below.
TERM ACADEMIC YEAR

REASONS FOR REQUEST	**ATTACHMENTS (@ 2 COPIES)**
☐ FORCED DROPPING/ SUBJECT DISSOLVED	☐ O.R. NO. _____ DATED _____
☐ REGISTRATION WITHDRAWN/ HONORABLE DISMISSAL/ LEAVE OF ABSENCE	☐ SIGNED CHANGE OF MATRICULATION FORM/ DROPPING SLIP
☐ CHILD/SPOUSE OF UP PERSONNEL	☐ APPROVED LEAVE OF ABSENCE/ WITHDRAWAL OF REGISTRATION
☐ EXCEMPTED FROM NON-CITIZENSHIP FEE (EDF)	☐ APPROVED PRIVILEGE TO STUDY AT REDUCED FEES
☐ SCHOLARSHIP _____	☐ APPROVED SCHOLARSHIP
☐ EXCESS AMOUNT IN CHECK	☐ CERTIFICATION FROM CASH OFFICE (VALIDATED CHECKS)
☐ OTHERS (SPECIFY) _____	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

To Whom It May Concern:

This is to certify that the following bank details are true and correct:

Account Name:
Address:
Bank Name:
Bank Branch:
Account Number:
Contact Number:
Email Address:

DISCLAIMER

By proceeding with this transaction, you confirm that all information provided are correct and acknowledge the following:

- Please ensure that account details are correct. Transactions may be rejected by the receiving institution if account name and/or account number do not match their records.
- Please note that crediting to the account is subject to the processing time of the receiving financial institution.

Certified by:

_____
Signature Over Printed Name
Account Holder