

OFFICE OF THE UNIVERSITY REGISTRAR
University of the Philippines Manila (The Health Sciences Center)
Padre Faura Street, Manila
Telephone #**(02)8141244; (02)8141245 Hotline #09959153914 (GLOBE) 09293031640**
(SMART)

INSTRUCTIONS ON HOW TO CONFIRM YOUR DECISION TO ENROLL IN THE UNIVERSITY OF THE PHILIPPINES MANILA

GENERAL INSTRUCTIONS

After confirming your slot at the Office of Admissions, you have to confirm your intention to enroll at the University of the Philippines Manila (UPM) for the First Semester, Academic Year 2020 - 2021. **Failure to inform the Office of the University Registrar of UP Manila within the specified confirmation period will result in the cancellation of your slot.**

Office of Admissions Confirmation: Until 30 June 2020
UP Manila Confirmation Period: 7 July 2020 – 20 July 2020

Because of the current situation, personal confirmation is highly discouraged unless you do not have access to a computer or internet. You may confirm your decision to enroll by filling out UPM Form C and submitting it through:

1. *E-mail:*

The email address is upm-our@up.edu.ph Your confirmation by email must include the following as texts: (1) name, (2) student number, (3) degree program you qualified in, (4) updated contact numbers (cellphone and/or landline numbers) and the attached accomplished UPM Form C.

2. *Courier Service or Fast Delivery Mail Service:*

Mailing address is:

Office of the University Registrar, UP Manila,
Padre Faura corner Orosa Streets,
Ermita, Manila 1000

UPM FORM C

OFFICE OF THE UNIVERSITY REGISTRAR

University of the Philippines Manila (The Health Sciences Center)

Padre Faura Street, Manila

Telephone #(02)8141244;(02)8141245 Hotline #09959153914 (GLOBE) 09293031640 (SMART)

CONFIRMATION OF DECISION TO ENROLL IN THE UNIVERSITY OF THE PHILIPPINES MANILA

Instructions: Accomplish the form by filling out all the blanks and answering all the questions then submit it to the Office of the University Registrar, UP Manila. Please write clearly and legibly if will be downloaded and accomplished by hand.

TAKE NOTE THAT THIS FORM MUST BE RECEIVED BY THE OFFICE OF THE UNIVERSITY REGISTRAR, UP MANILA **ON OR BEFORE 20 JULY 2020**. FAILURE TO SUBMIT WOULD MEAN THAT YOUR SLOT WILL BE OFFERED TO WAITLISTED APPLICANTS.

Name: _____

Student Number: 2020 - _____

A. Successful Applicants (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. Successful Applicants who will defer enrollment during AY 2020-2021

I will defer my enrollment and enroll during the _____ Semester 202____
(If due to health reason, submit medical certificate)

C. Applicants with course code 7777 or DPWS (Degree Programs with Available Slots)

Identify 2 BS degree courses in order of your preference and choose at least 2 from any of the following degree programs. Number your choices according to your preference. Assignment to a degree program will depend on availability of slots and UPG.

BS _____	BS _____
BA Development Studies	BA Political Science
BA Organizational Communication	BA Social Sciences
BA Philippine Arts	

QUALIFIERS WITH DPWS STATUS MAY INQUIRE STARTING **25 JULY 2020** REGARDING THEIR COURSE ASSIGNMENTS AND WILL BE INSTRUCTED TO CONFIRM ENROLLMENT TO UP MANILA.

D. 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 article on Return Service Agreement (RSA).

E. Advanced Placement Examination (APE)

Advanced Placement Examinations are temporarily suspended due to the current situation.

F. Intention to apply for financial assistance under the Socialized Tuition System (STS)

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

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.: _____

Cellphone # _____

Home Address:

Email Address: _____