# APPEAL/RECONSIDERATION FOR ADMISSION FORM
**AY 2020-2021**

**OFFICE OF THE UNIVERSITY REGISTRAR**
University of the Philippines Manila (*The Health Sciences Center)*
Padre Faura Street, Ermita, Manila
09955153914 (Globe); 09293031640 (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: 27 July 2020**

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 _____**

**UP MANILA Degree Programs: Choose four (4) degree programs in order of priority from the list below.**
**(BA Behavioral Science, BA Development Studies, BA Political Science, BA Social Sciences, BA Organizational Communication, BA Philippine Arts, Doctor of Dental Medicine)**

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 Signature over Printed Name of Parent/Guardian
Tel. No. _____ Tel. No._____
Cellphone Number _____ Cellphone Number _____
E-mail Address _____ E-mail Address _____

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

tncr: flor