



STUDENT DIRECTORY

PLEASE WRITE IN BLOCK LETTERS. Use ✓ mark in answering information preceded by a box

STUDENT NUMBER	NAME (Last, Given, Middle, if a married woman, encircle maiden name.)	COLLEGE	DEGREE	MAJOR
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SEX ASSIGNED AT BIRTH <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed	COUNTRY OF CITIZENSHIP <input type="checkbox"/> Philippines <input type="checkbox"/> Other _____	DATE OF BIRTH
	PLACE OF BIRTH		

PRESENT ADDRESS _____	PERMANENT HOME ADDRESS _____
CONTACT NO. _____	CONTACT NO. _____
EMAIL ADDRESS _____	PARENT'S EMAIL ADDRESS _____

SCHOOLS ATTENDED STARTING FROM HIGH SCHOOL	DIPLOMA/TITLE/DEGREE	DATE OF GRADUATION	HONORS RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENROLLMENT IN THE UNIVERSITY OF THE PHILIPPINES

First Enrollment: UP College/School of _____ Semester & Academic Year _____

Last Enrollment: UP College/School of _____ Semester & Academic Year _____

Degree obtained, if any _____ Semester & Academic Year _____

Do you have a disability? YES NO

If YES, please specify i.e., physical, psycho-social, cognitive, etc.. (Pursuant to RA 7277 and RA 9442) _____

Please enter your PWD ID number _____ or SWSN ID number _____

PARENTS/GUARDIAN/SPOUSE	ADDRESS	CONTACT NUMBER	OCCUPATION
1. Father's name	_____	_____	_____
2. Mother's Maiden name	_____	_____	_____
3. Guardian's/Spouse name	_____	_____	_____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	ADDRESS	CONTACT NUMBER
_____	_____	_____

STUDENT PLEDGE:
 I hereby certify that all information given above is correct.
 In consideration of my admission to the UNIVERSITY OF THE PHILIPPINES and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University and in the College or School in which I am enrolled.

SIGNATURE OF STUDENT _____ DATE _____

PLEASE INFORM THE OFFICE OF THE UNIVERSITY REGISTRAR ABOUT ANY CHANGE IN THE ABOVE DATA.



I have read the [University of the Philippines' Privacy Notice for Students](#) and understand that for the UP System to carry out its mandate under the 1987 Constitution, the UP Charter, and other laws, the University must necessarily process my personal and sensitive personal information.

Therefore, I grant my consent to and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the UP Privacy Notice and applicable laws.

Signature over Printed Name

Date

Signature of Parent/Guardian over Printed Name
If the student is minor

Date