



APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMS

UPOU Form No.1  
Revised Nov. 2007

University of the Philippines  
**OPEN UNIVERSITY**

Los Baños, Laguna 4031, Philippines

This application shall not be acted upon unless the following documents are received by the **Office of the University Registrar, UP Open University, Los Baños, Laguna**, on or before: **January 31** for First Semester entry and **June 30** for Second Semester entry.

1. Correctly and completely accomplished application form
2. Officially consolidated transcript of academic records or High School Form 137 with school dry seal or Philippine Educational Placement Test (PEPT) result
3. For former UP students, official Transcript of Records from UP (indicating date cleared by UP unit)
4. Two additional 2"x2" and two 1"x1" photos similar to the one attached to this form
5. Self-addressed stamped white envelope
6. Proof of payment of application fee of Php 350.00 for Philippine-based applicants or US\$75.00 for overseas applicants) (see payment procedure)
7. For married female applicants, a photocopy of marriage certificate

**APPLICATION FOR:**

- Associate in Arts
  - Bachelor of Arts in Multi-media Studies
- Year/Sem applied \_\_\_\_\_

**What learning center is most accessible to you?**

\_\_\_\_\_  
(please visit [www.upou.org](http://www.upou.org))

**A. PERSONAL DATA**

Please print

<sup>1</sup> NAME _____				
		<i>Family</i>	<i>First</i>	<i>Middle</i>
<sup>2</sup> GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	<sup>3</sup> AGE	<sup>4</sup> DATE OF BIRTH	<sup>5</sup> BIRTHPLACE	<sup>6</sup> CITIZENSHIP
<sup>7</sup> CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated	<sup>8</sup> HOME ADDRESS _____ Tel. No.: _____ Province: _____ Zip Code: _____ Region: _____ Mobile Phone: _____ Fax No.: _____			<sup>9</sup> EMAIL ADDRESS
<sup>10</sup> PRESENT OCCUPATION: _____			<sup>11</sup> PREFERRED MAILING ADDRESS	
<sup>12</sup> OFFICE ADDRESS _____ Tel. No.: _____ Fax No.: _____			<input type="checkbox"/> Home <input type="checkbox"/> Office	
<sup>13</sup> The UP Open University tries to accommodate students with permanent or temporary disability. If you have special needs as a student, please state what is the nature of your special need (e.g. wheelchair, vision problem, hearing problems)				
<sup>14</sup> Name, address and tel. no. of person to be notified in case of emergency:				

**B. EMPLOYMENT BACKGROUND**

<sup>15</sup>Indicate in chronological order employment background. (Applicants to the BAMS program, please state in details work experience related to multimedia. Please use additional sheet if necessary).

Name & Address of Employer	Position	Date		Brief Description of Duties
		From	To	

**C. EDUCATIONAL BACKGROUND**

**<sup>16</sup>High School where you completed secondary level education**

Name of High School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Year of Completion: \_\_\_\_\_

**<sup>17</sup>Have you previously taken the UP College Admission Test (UPCAT)?**  Yes  No UPG: \_\_\_\_\_

*If yes, what was the result?*  Passed  Failed  Waitlisted Year \_\_\_\_\_

**<sup>18</sup>Have you been admitted to any of UP's courses/programs?**  Yes  No UP Student No. \_\_\_\_\_

*If yes, in what degree/course?* \_\_\_\_\_ Date Admitted \_\_\_\_\_

**<sup>19</sup>Have you previously attended college?**  Yes  No

Degree/Course	School	Units Earned	Inclusive Dates	
			From	To

**<sup>20</sup>Are you currently enrolled in another college/university?**  Yes  No

*If yes, in what program/degree?* \_\_\_\_\_

Institution: \_\_\_\_\_

**<sup>21</sup>Action on Application:**

Approved  Regular  Provisional  Probationary

Disapproved, Reason/Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Declaration:**

“ I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies rules and regulations of the UP Open University.”

**Please attach  
2" x 2" photo here.**

**Please paste.  
Do not staple.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date