

UNIVERSITY OF THE PHILIPPINES CEBU
Student Assistantship Program

APPLICATION FOR SCREENING

Student Name: _____ Age: _____ Tuition Discount: _____
Course & Year: _____ No. of units enrolled: _____ GWA: _____
Mobile Number: _____ FB Acct: _____

Schedule of Classes:

Preferred Weekly Work Schedule:

Working hours allowed: 30 hours per month

Office Assignment: _____

Interviewed by: _____

Remarks: _____

Signature of Head of Office: _____

Application checked and endorsed: _____

Office of Student Affairs (OSA)

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