University of the Philippines Cebu

OFFICE OF STUDENT AFFAIRS

Gorordo Avenue, Lahug, Cebu City

OSA-D Form 1 (Revised July 2022)

Dormitory Application Form

Procedure:

1. Fill out the form and attach one copy of each of the following:
   a. Copy of Income Tax Returns (or BIR Certificate of Tax Exemption) of both parents for the previous year.
   b. 1 piece 2x2 Picture.
   c. Copy of Grades of the 2 previous semesters **(for old residents only)**
2. Email to: dorm.upcebu@up.edu.ph

*Please Check: **OLD** Applicant (_) **NEW** Applicant (_) **Dorm Applied for**: ____ Liadlaw Hall ( )aircon ( )fan ____ Lihangin Hall

Name:_____Student#:_____Course & Year Level: _____
Last First Middle Name

Gender: _____ Age: _____ Date of Birth: _____Blood Type: _____ Tel./CP#:_____ FB:_____

Academic Year: _____ First Semester (_) Second Semester (_) Summer (_) Academic Load: _____Email:_____

Tuition Discount: _____ Annual Family Income: _____ Sibling Enrolled in other UP Campus: _____

Home Address: _____
House No. & Street Barangay Municipality/City Province

- Physical disability or special needs, if any: _____
- Allergies/Allergic to, if any: _____
- Medications/Maintenance, if any and for what: _____

Father's Name: _____ Mother's Name: _____

Occupation:_____ Occupation:_____

Office Address: _____ Office Address: _____

Tel. No./Cell No.: _____ Tel. No./Cell No.: _____

Relative/s Living in Cebu: _____
Last First Middle

Address:_____
House No. & Street Barangay Municipality/City

Others Scholarship Enjoyed_____ Monthly Allowance/Stipend: _____

In case of Emergency Contact: _____ Relationship: _____ Tel. CP#:_____
Last First Middle

Address: _____
House No. & Street Barangay Municipality/City Province

I pledge, in my honor that all the information provided herein are true and correct.

_____ Conforme: _____

Signature of Applicant Name and Signature of Parent/Guardian

_____ _____

Date Date