_____
Date

The University Registrar
University of the Philippines

Sir/Madam:

I would like to request for the refund of all refundable fees based on the attached O.R. No._____
dated_____, in view of the reason indicated below.

Very truly yours,

_____
(Signature over printed name)
Contact No. _____
Email address: _____

REASON FOR REQUEST

Registration Withdrawn / Enrollment Cancelled
Honorable Dismissal / Leave of Absence
Subject Dropped / Change of Matriculation
U.P. Employee / Faculty
Child/Spouse of U.P. Personnel
Exempted of the Educational Development Fee
S.T.F.A.P.
Barangay Official / Dependent of Barangay Official / Sangguniang Kabataan
Scholarship, Specify _____
Others

OFFICE OF THE UNIVERSITY REGISTRAR
1st Endorsement

Respectfully forwarded to the Accounting Office, University of the Philippines, recommending the refund of all refundable fees requested in view of the reason stated above:

NON-REFUNDABLE   **COMPUTATION**

Tuition Fee…………. _____
Entrance …………… _____
Deposit …………….... _____
Registration ……….... _____
Medical ……………... _____
Library……………….. _____
Journal ……………… _____
Athletic ……………... _____
Publication …………. _____
Student Fund…. ……. _____
Cultural …………….. _____
Community Chest ….. _____
Laboratory …………. _____

Total ……………… P_____   **Total Amount Refundable P**_____

For the University Registrar:
By: _____
Date _____