

COLLEGE OF SCIENCE
University of the Philippines
Diliman, Quezon City

ACCEPTANCE/DEFERMENT FORM

DATE: _____

Student's Name : _____
Academic Year Admitted: _____
Degree Program : _____

Please let us know as soon as possible if you wish to accept this admission. Check the appropriate box below and submit to Graduate Office, College of Science on or before enrollment.

Accept Admission

Please bring the following to the College of Science Graduate Office:

1. Two (2) 2x2 or passport size picture
2. Original Official Transcript of Records (OTR) / True Copy of Grades (TCG)
3. Certified true copy of Diploma/Certificate
4. NSO Birth Certificate (Original and Photocopy)
5. If married female, NSO Marriage Certificate (Original and Photocopy)
6. Study Permit from ISP (If foreigner)
7. TOEFL and/or IELTS score report (If foreigner)
8. If you have a medical certificate issued within 6 months outside UP, you may present it to UP Health Service for clarification/verification.

Defer Admission

Reason (s) for deferment: _____

I will enroll: 1st Semester 2nd Semester AY: _____

Deferment period should not exceed one academic year (2 semesters). The approved form will be sent to your email address. The original approved form will then be presented during enrollment.

Student's Signature _____
Student's Email Address: _____
Mobile No. : _____

Recommending Approval:

Unit Director / Coordinator

IAN KENDRICH C. FONTANILLA, Ph.D.
Associate Dean for Academic Affairs

Approved:

PERRY S. ONG, Ph.D.
Dean