



Republic of the Philippines
TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES
TAGUIG

The Technological University of the Philippines shall be a premier state university with recognized excellence in engineering and technology education at par with the leading universities in the ASEAN region.

ADMISSION FORM

FM-REG- REV 0 JUNE 2020

REGISTRATION & ADMISSION SECTION

NOTICE OF ADMISSION

Date: _____

Name of Applicant: _____

Course Applied or Course where you are Qualified to Enroll: _____

Please be informed that you are considered as Qualified applicant for Admission this SY 2020-2021 in the course you applied or to the course where you are qualified to enroll based from the evaluation and ranking of your Gen. Weighted Average in the SHS Grade 11 & 12.

If you are interested to enroll in this University and avail the **FREE TERTIARY EDUCATION**, you may fill out this Admission Form and the attached Student's Health Declaration and Interview questionnaire. Submit it to TUP – Taguig Campus together with other requirements mentioned below. Incomplete requirements shall not be entertained.


MENERVA PESITO DOCTOR
Registrar III

Note: Failure to submit this form and the requirements on the specified date could mean forfeiture of your right to enroll in your chosen course or to the course where you are considered to enroll. However, you may opt to choose another course if it is still open or if there is/are still slots available.

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(To be filled-up by Enrollee in Printed Form)

Data Privacy Statement: All information shall be used by TUP -TAGUIG for legitimate purposes, and shall be processed by authorized personnel in accordance with the Data Privacy Policies of the University.

STUDENT'S PERSONAL INFORMATION:

NAME: _____

LAST NAME

FIRST NAME

MIDDLE NAME

Birthdate: _____ Age: _____ Gender: _____ Civil Status: _____

Place of Birth: _____ Nationality: _____ Religion: _____

Mobile Phone No. _____ Email Address: _____

Complete Residence Address: _____

School Last Attended/Address: _____

Honors/ Awards Received: _____

Father's name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Name of Guardian: _____ Contact No. _____

Income Bracket of Parents/Guardian Per Year: (Pls check) _____ not more than 100K _____ not more than 200K
_____ not more than 300K _____ not more than 400K _____ not more than 500K _____ more than 600K

Pls Attached
PHOTO
1x1

Student Undertaking/Data Consent: I hereby warrant that the above personal information given are true, correct and updated to the best of my knowledge. I also authorize and agreed to the University's terms and condition on the provision stipulated in the ERS on the collection, use, processing and disclosure of my personal data in accordance with Data Privacy Act of 2012 (RA 10173).

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Student's Signature Overprinted Name

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(To be accomplished by SH/DH/)

RESULT OF ADMISSION INTERVIEW QUESTIONNAIRE / EVALUATION:

Section/Department Head

Date

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(To be accomplished by Medical Clinic Staff)

Received Accomplished Student's Health Declaration

Clinic Staff: _____ Date: _____

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LIST OF REQUIREMENTS TO BE SUBMITTED:

A. FOR FRESHMEN (ALS/SHS/HS Graduates)

- 1. Original & Photocopy of SHS Card (Grade 11 & 12)
ALS Certificate (if Applicable)
Certificate of Undertaking (if applicable)
- 2. Original & Photocopy of GMC (Issued 2020)
- 3. PSA Birth Certificate (Photocopy)
- 4. Accomplished Admission Form , Interview Questionnaire, and Student's Health Declaration

B. TRANSFEREES

- 1. Official Transcript of Records (Original & Photocopy)
- 2. Certificate of Transfer Credential (Original copy)
- 3. Items 2-4 in the above list

Registrar Staff