

REGISTRAR'S OFFICE

RE-ADMISSION FORM

To be accomplished by the  
Records Section:

Deficiency/ies:  
 SF10/F137A  
 TOR

(To be filled-out by the student)

NAME (Print): \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Student No.: \_\_\_\_\_ Program: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_

Last Enrolment Details:  First  Second  Special/Summer Term, A.Y. \_\_\_\_\_ - \_\_\_\_\_

*By affixing my signature on this form, I hereby acknowledge and certify that I have carefully read and understood the terms and conditions of the Data Privacy Policy of the Lyceum of the Philippines University (LPU). By providing personal information to LPU, I am confirming that the data is true and correct. I understand that LPU reserves the right to revise any decision made on the basis of information I provided should the information be found to be untrue or incorrect. I likewise agree that any issue that may arise in connection with the processing of my personal information will be settled amicably with LPU before resorting to appropriate arbitration or court proceedings within the Philippine jurisdiction. Finally, I am providing my voluntary consent and authorization to LPU and its duly authorized representatives to lawfully process my / my child's data information.*

Signed by : \_\_\_\_\_  
Student Signature Over Printed Name

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yy)

**ACTION OF THE SCREENING COMMITTEE**

**Note:** This Re-Admission Form shall be valid for the following enrolment:

First Sem.  Second Sem.  Special Term/Summer, AY \_\_\_\_\_ - \_\_\_\_\_

Unit/Department	Name	Signature	Date
1. Accounting Office			
2. Center for Student and Alumni Relations			
3. Guidance and Testing Center			
4. College/Department			
5. Health Services Department			
6. Information Communication Technology Department			
7. Registrar's Office			

Remarks: \_\_\_\_\_  For File

**ACKNOWLEDGEMENT**

Signed by : \_\_\_\_\_  
Student Signature Over Printed Name

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yy)