

UNIVERSITY OF THE PHILIPPINES DILIMAN  
OFFICE OF THE UNIVERSITY REGISTRAR

**VOLUNTARY OPTING OUT OF THE FREE TUITION AND OTHER SCHOOL FEES FORM**

**STUDENT COPY**

Semester: \_\_\_\_\_ AY: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

STUDENT NO: \_\_\_\_\_

REASON FOR OPTING OUT:

I, undersigned, attest that

I have been made aware of the Free Tuition and Other School Fees (OSF) subsidy granted by RA 10931 and that I may voluntarily opt-out of it.

This decision to opt-out is voluntary and not done under duress.

I have the financial capacity to pay the tuition and OSF for the term specified above.

\_\_\_\_\_  
STUDENT'S SIGNATURE OVER PRINTED NAME

DATE: \_\_\_\_\_

*I, parent/guardian of the student above, am informing the college of my consent to voluntarily opting out of the Free Tuition and OSF granted by RA 10931.*

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE OVER PRINTED NAME

DATE: \_\_\_\_\_

Received by:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF PERSON-IN-CHARGE

DATE: \_\_\_\_\_

**MA. THERESA T. PAYONGAYONG, PhD**

University Registrar

*space for notarization*

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**COLLEGE COPY**

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COLLEGE: \_\_\_\_\_

NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

STUDENT NO: \_\_\_\_\_

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DATE: \_\_\_\_\_

Received by:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF PERSON-IN-CHARGE

DATE: \_\_\_\_\_

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**OUR COPY**

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COLLEGE: \_\_\_\_\_

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PROGRAM: \_\_\_\_\_

STUDENT NO: \_\_\_\_\_

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