

ASIAN CENTER
UNIVERSITY OF THE PHILIPPINES
Application for Extension of Residence

Date

I WOULD LIKE TO REQUEST EXTENSION OF RESIDENCE FOR ____ SEMESTER AY 20__ – 20__.

Reason/s for Requesting Extension of Residence:

Name: _____

Signature: _____

Student Number: _____

Degree Program: _____

Recommendation of College Secretary:

Number of units completed ____, INC ____, Subject(s) Dropped ____ as of _____.

Recommendation/Remarks:

College Secretary

Date

Action of the Dean:

APPROVED

DISAPPROVED

Dean

Date