

BSU – OPEN UNIVERSITY CERTIFICATE OF REGISTRATION (Accounting Copy)

WRITE IN BLOCK LETTERS. Use an x mark in answering information preceded by a box ()

New Old

SEMESTER
1st 2nd Summer

STUDENT NUMBER		NAME (Family, Given Name, MI)			DEGREE COURSE			SCHOOL YEAR 20__20__	
Course Code	SUBJECTS (Course Description)			Units	Grades	Time	Days	Room	Admission Fee
									Tuition Fee
									Miscellaneous
									Library Fee
									Medical Fee
									ID/Library Card
									Developmental Fee
									Module Fee
									Internet Fee
									Others
	TOTAL NUMBER OF UNITS								TOTAL FEES

You may pay thru LAND BANK OF THE PHILIPPINES, **BSUOU Account Number 1372-0032-23** – La Trinidad Branch (pls present your deposit slip @ BSUOU)

Scholarship: _____ Amount Paid: _____ OR NO. _____ Date: _____

I CERTIFY THAT ALL STATEMENTS MADE HERE ARE CORRECT: Student Signature: _____

BSU – OPEN UNIVERSITY CERTIFICATE OF REGISTRATION (Registrar's Copy)

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SEMESTER
1st 2nd Summer

STUDENT NUMBER		NAME (Family, Given Name, MI)			DEGREE COURSE			SCHOOL YEAR 20__20__	
Course Code	SUBJECTS (Course Description)			Units	Grades	Time	Days	Room	STUDENT INFORMATION:
									Date of Birth: _____
									Place of Birth: _____
									Present Address: _____
									Telephone/Cellphone #: _____
									E-mail Address: _____
									PARENT/GUARDIAN/SPOUSE:
									Name: _____
									Address: _____
									Contact # in case of Emergency: _____
	TOTAL NUMBER OF UNITS								

ACADEMIC STANDING: Regular Probationary Special GRADUATING Yes No

I CERTIFY THAT ALL STATEMENTS MADE HERE ARE CORRECT: (Student Signature) _____ Date: _____

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STUDENT NUMBER		NAME (Family, Given Name, MI)			DEGREE COURSE			SCHOOL YEAR 20__20__	
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									Others
	TOTAL NUMBER OF UNITS								TOTAL FEES

Student Signature: _____ Amount Paid: _____ OR NO. _____ Date: _____

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New Old

SEMESTER
1st 2nd Summer

STUDENT NUMBER		NAME (Family, Given Name) If married encircle maiden name			DEGREE COURSE			SCHOOL YEAR 20__20__	
Course Code	SUBJECTS (Course Description)			Units	Grades	Time	Days	Room	Admission Fee
									Tuition Fee
									Miscellaneous
									Library Fee
									Medical Fee
									ID/Library Card
									Developmental Fee
									Module Fee
									Internet Fee
									Others
	TOTAL NUMBER OF UNITS								TOTAL FEES

Academic Standing: Regular on Probation Special Action Taken: _____ Amount Paid: _____

STUDENT INFORMATION: OR NO. _____ Date Paid: _____

Present Address: _____

If employed: Place: _____

Name of Agency: _____ Tel. No. _____

Position: _____

Scholarship: _____

PARENT (or Guardian/Spouse): _____

Address: _____

Tel No./Cell No. _____ Zip Code: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

STATUS: Single Married Widowed Separated

SEX: Male Female

CITIZENSHIP: Filipino _____

Personal CP/Tel . No. _____

E-mail Address: _____

I hereby certify that all information supplied herein is complete and accurate, and that I do agree and abide by the rules and regulations of the Open University.

CHECKED/ASSESSED BY: _____

Student Signature: _____ Date: _____

_____ Date: _____