

GUARDIAN WHILE IN U.P. _____ CONTACT NO. _____
 ADDRESS _____ RELATIONSHIP TO GUARDIAN _____
 LANGUAGES/DIALECT SPOKEN AT HOME _____

HEALTH DATA:

HEALTH CONDITION [] EXCELLENT [] VERY GOOD [] GOOD [] POOR
 HEIGHT (m) _____ WEIGHT (kg) _____ EYE SIGHT [Good, Medium, Poor] _____
 HEARING [Good, Medium, Poor] _____ ANY PHYSICAL DISABILITY _____
 COMMON/FREQUENT AILMENT _____ LAST HOSPITALIZATION _____
 REASON OF HOSPITALIZATION _____

PREVIOUS SCHOOL RECORD:

Name of School	Address	Inclusive Years of Attendance	Honor/s Received
Primary/Elementary:			
Secondary (Junior High):			
Secondary (Senior High):			
College/Tertiary:			

SR. HIGH GEN. AVE: _____

LIST OF SCHOLARSHIPS & FINANCIAL ASSISTANCE WHILE IN COLLEGE:

MEMBERSHIP TO ORGANIZATION IN COLLEGE (Do not fill out this yet)

SEM/ACADEMIC YEAR	NAME OF ORGANIZATION	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS RECEIVED WHILE IN COLLEGE (leave this portion blank)

SEM/ACADEMIC YEAR	NAME OF AWARDS	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER PERSONAL DATA:

Why did you enroll in UP Mindanao? _____

Does your degree program lead to what you aspire in the future? _____ If not, why? _____

What are your special talents and abilities? _____

Specify the musical instruments you play _____

What are your hobbies? _____

What do you like to people? _____

What do you dislike to people? _____

With whom are you closest to? Father Mother Brother(s) Sister(s) Others (specify)

Personal characteristics as a person _____

To whom do you open-up your problems? _____ Why? _____

Any problem that you might encounter later while in UP? _____

Any previous counseling? Yes None If yes, where? _____

to whom? _____ Why? _____

SIGNATURE OVER PRINTED NAME

DATE SIGNED

PSYCHOMETRIC DATA (Leave it blank)

Date of Testing	Name of Test	Raw Score	Percentile/IQ	Classification

GUIDANCE SERVICES SPECIALIST' NOTES: (Leave it blank)

Privacy Statement:

The University of the Philippines takes your privacy seriously and we are committed to protecting your personal information. For the UP Privacy Policy, please visit <https://privacy.up.edu.ph>

I have read the University of the Philippines' Privacy Notice for Students. I understand that for the UP System to carry out its mandate under the 1987 Constitution, the UP Charter, and other laws, the University must necessarily process my personal and sensitive personal information. Therefore, I recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the UP Privacy Notice and applicable laws.

Name of Student: _____ Signature of Student: _____ Date Signed: _____

