

APPLICATION FOR SIBLING DISCOUNT

_____ Semester, Academic Year _____

| | Name of Brother/s/Sister/s: | Student No. | Date of Birth | Course |
|----|-----------------------------|-------------|---------------|--------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

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.

_____ Signature over Printed Name of one of the Applicants

_____ Contact Number

Action of the Registrar's Office:

Supporting Documents Submitted:

PSA Birth Certificate PSA Birth Certificate EAF

Mr./Ms. _____ shall enjoy 20% discount on his/her tuition fee.

Documents Verified by:

Registrar's Office Staff

Note: Application for Sibling discount should be filed at the beginning of **every semester.**

Approved by:

University Registrar
