

**Lyceum of the Philippines University
Manila**

**Student Records Management Department
(Office of the University Registrar)**

Admissions Office

RECORDS AND HEALTH WAIVER

This is to state that I will submit the original copies of the following admission requirements on or before _____.

- | | |
|--|--|
| <input type="checkbox"/> Uncancelled Report Card (F-138) | <input type="checkbox"/> Original PSA of Birth Certificate |
| <input type="checkbox"/> Honorable Dismissal/Transfer Credential | <input type="checkbox"/> Certificate of Good Moral Character |
| <input type="checkbox"/> Certified True Copy of Grades | <input type="checkbox"/> Others, _____ |
| <input type="checkbox"/> Original Transcript of Records with remarks: | |
| <input type="checkbox"/> Copy for Lyceum of the Philippines University | |
| <input type="checkbox"/> Valid for Transfer | |
| <input type="checkbox"/> For Further Studies | |

I understand that I will not be allowed to enroll next semester if I fail to submit the requirements stated. Also, I will only use and submit my credentials to LPU and will not forward them to any other institution with the intent to enroll.

If I fail to submit the above requirement/s on the agreed date my AIMS account will be blocked including viewing of grades.

Furthermore, I understand that I have to undergo physical/medical examination as a requirement of my program.

For CITHM Students only: In case I fail in the Hepa B screening, I shall shift to a non-CITHM program in LPU as soon as possible.

I hereby acknowledge that I have carefully read this waiver, understood its contents and will abide by the rules and regulations of LPU pertaining to enrollment.

Signature Over Printed Name of Student

Date Filed

Contact No./Email Address

With my conformity:

Noted:

Printed Name and Signature of Parent/Guardian (If necessary)

Admissions Staff