



UNIVERSITY OF SANTO TOMAS  
OFFICE OF THE REGISTRAR



UST: SO33-00-ME 22  
AY 2017-2018

To: All Deans/Directors of Academic Units  
Form: Office of the Registrar  
Subject: Policy and Guidelines on Proxy Enrollment  
Date: 19 December 2017

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In anticipation of possible requests for approval of proxy enrollment prior to scheduled enrollment dates for the second term, AY 2017-2018, please be informed of the newly-approved Policy and Guidelines on PROXY Enrollment.

Your cooperation is highly appreciated in the effective implementation of the said policy.

Please be guided accordingly.

  
CESAR M. VELASCO, JR.  
Registrar



**UNIVERSITY OF SANTO TOMAS**  
**OFFICE OF THE REGISTRAR**



**POLICY AND GUIDELINES ON PROXY ENROLLMENT**

**POLICY**

The University acknowledges some circumstances wherein due to a valid reason, a student is unable to enroll personally on his/her scheduled date of enrollment. Thus, a proxy may be allowed to enroll the concerned student.

**POLICY GUIDELINES AND CONDITIONS**

1. At least a week prior to the scheduled enrollment date, the concerned student must
  - a) submit a signed letter of request, preferably with supporting documents (i.e. travel details), to the Dean explaining the reason for his/her inability to be physically present during the enrollment date;
  - b) download the proxy enrollment form from the MyUSTe portal;
  - c) submit the letter of request, accomplished Proxy Enrollment form, and scanned copy of the valid ID card of his/her proxy to the Office of the Dean for approval
2. On the actual day of enrollment, the proxy or representative must
  - a) present the approved Proxy Enrollment Form and valid ID card to the enrollment Officer; and
  - b) follow the required procedures for on-site enrollment set by the Faculty/ College/ Institute/ School

Prepared by:

**Office of the Registrar**

7 December 2017

Approved by

**Rev. Fr. Jesus M. Miranda, O.P.**  
*Secretary-General*



UNIVERSITY OF SANTO TOMAS  
Office of the Registrar  
**PROXY ENROLLMENT FORM**



Date: \_\_\_\_\_

**TO: THE OFFICE OF THE DEAN**

Please allow my authorized representative, whose name appears below, to serve as proxy in my scheduled enrollment for the \_\_\_\_\_ Term / Special Term of the Academic Year \_\_\_\_\_. Kindly refer to the attached letter of explanation for your consideration. Rest assured that the policy guidelines and conditions on proxy enrollment are properly observed.

\_\_\_\_\_  
*Printed Name of Representative*

\_\_\_\_\_  
*Signature of Representative*

The above-named representative is my \_\_\_\_\_.  
(relationship to the representative)

Thank you.

\_\_\_\_\_  
*Student No.*

\_\_\_\_\_  
*Signature over Printed Name of Student*

\_\_\_\_\_  
*Program / Year and Section*

APPROVED / DISAPPROVED:

\_\_\_\_\_  
*Dean / Assistant Dean / Faculty Secretary*

***Copy for the Office of the Dean***

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Date: \_\_\_\_\_

**TO: THE OFFICE OF THE DEAN**

Please allow my representative whose name appears below to serve as proxy in my enrollment for the \_\_\_\_\_ Term / Special Term of the Academic Year \_\_\_\_\_. Kindly refer to attached letter of explanation for your consideration. Rest assured that the policy guidelines and conditions on proxy enrollment are properly observed.

\_\_\_\_\_  
*Printed Name of Representative*

\_\_\_\_\_  
*Signature of Representative*

The above-named representative is my \_\_\_\_\_.  
(relationship to the representative)

Thank you.

\_\_\_\_\_  
*Student No.*

\_\_\_\_\_  
*Signature over Printed Name of Student*

\_\_\_\_\_  
*Program / Year and Section*

APPROVED / DISAPPROVED:

\_\_\_\_\_  
*Dean / Assistant Dean / Faculty Secretary*

***Copy for the Representative***

*To be presented during actual enrollment date*

UST: SO33-00-FO64