



UP FORM 5. UNIVERSITY OF THE PHILIPPINES LOS BAÑOS CERTIFICATE OF REGISTRATION

STUDENT NO. 202203446		NAME: AUTRIZ, MARK NEIL GUINDAY			COLLEGE CAS	PROGRAM BSCS	TERM & SY Second Semester, 2025-2026			
REGISTRATION STATUS:		ACADEMIC CAREER: Undergraduate		YEAR LEVEL: Senior	GRADUATING THIS TERM?	EMPLOYED?	STUDENT HOUSING			
COUNTRY OF CITIZENSHIP: Philippines		RELIGIOUS PREF.	SEX	CIVIL STATUS	PAYMENT DETAILS					
SUBJECT	SECTION	UNITS	SCHEDULE & ROOM		LAB FEE	O.R No.	Transaction No.	Date	Amount Paid	
CMSC 190	B5	2	- (Facility:)							
CMSC 191	GH	3	M 04:00 PM-07:00 PM (Facility: ICS PC1)							
ENG 10	D	3	WF 11:30AM-01:00PM (Facility: CAS 108)							
HUME 100	X	3	TTH 02:30 PM-04:00 PM (Facility: ALH)							
SPAN 10	T	3	TTH 08:30AM-10:00AM (Facility: CAS 107)							
***** nothing follows *****										
Remaining number of semesters to avail Free Tuition and Other School Fees:										
First Time to enroll in UP?		Signature and Printed Name of Adviser		Academic Program Bachelor of Science in Computer Science	Constituent Unit/Campus	Change of Matriculation		10.00		
Term of First Enrollment						Total Tuition		21,000.00		
Total Number of Units: 14.00		Reasons for underloading (if underloaded):				Add: Other School Fees		2,055.50		
Present Address: #363, Purok 8, Brgy. San Agustin, Trece Martires City, Cavite, San Agustin (Pob.), City of Trece Martires, Cavite		Tel.No. 09611589709		Less: Scholarship/Privilege		Less: Tuition Subsidy		0.00		
Employer's Name and Address		Tel.No.		Less: Other School Fees Subsidy		Less: Loan		0.00		
Contact Person in case of Emergency		Tel.No.		AMOUNT PAYABLE		0.00				
Address		Zip Code:								
STUDENT PLEDGE AND DATA PRIVACY REMINDERS <p>This is to certify that:</p> <p>All information provided above is true and correct.</p> <p>In consideration of my admission to the University of the Philippines System (UP) and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University System and in the College or School in which I am enrolled.</p> <p>I have read and understood the latest UP Privacy Notice for Students.</p> <p>I therefore agree that my personal information will be processed by UP pursuant to our contract and that I necessarily grant UP consent for the processing of my sensitive personal information required by the applicable rules and regulations that UP adopted in order for the University to provide me with quality education such that there is no further need for UP to obtain my consent for such processing done in the exercise of UP's academic freedom.</p> <p>Signature of Student : _____</p> <p>Date : _____</p> <p>Signature over printed name of Parent/Guardian (if student is below eighteen years of age) : _____</p> <p>Date : _____</p>						RA 10931 FREE TUITION	SCHOLARSHIP / PRIVILEGES		ST Code:	
									Certified By:	
									Advised By:	
									Form 5 issued by:	
									Assessed By:	