



University of Southeastern Philippines
College of Information and Computing

PRE-REGISTRATION FORM (PRF)

NAME : Ronmar John S. Sabado

ID No.: 2020-00879

COURSE: BSIT

Major: BTM

Semester	School Year	Sex	Type	Scholarship
<input checked="" type="checkbox"/> 1 st Sem <input type="checkbox"/> 2 nd Sem <input type="checkbox"/> Off Sem	<u>2021- 2022</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Old Student <input type="checkbox"/> NewStudent <input type="checkbox"/> Transferee	Kindly indicate:

Subject ID	Subject Description	Units	Days	Time	Room
PE 213	Physical Activities Towards Health & Fitness 1	2	F	09:00 am - 11:00 am	Ground
GE 215	The Life and Works of Rizal	3	MW	01:00 pm - 02:30 pm	TBA
IC 127	Data Structures	3	MWF	02:30 pm - 04:00 pm 07:00 am - 09:00 am	IC LAB2 MULT. LAB
IT 214	Applied Computer Networks	3	MW	10:30 am - 01:00 pm	IC LAB1
GE 216	Reading in Philippine History	3	TTH	01:00 pm - 02:30 pm	TBA
IT 212	IT Project Management	3	TTH	02:30 pm - 04:00 pm	505
IT 213	Information Management	3	TTHW	05:00 pm - 07:00 pm 04:00 pm - 05:00 pm	IC LAB2 506

CHECK THE BOX TO INDICATE THE TYPE OF STUDENT:

☒ **NON-PAYING STUDENT** (Students who avail the free tuition and other benefits under RA 10931 and commit to comply with the return service under the act.)

PAYING STUDENT (Students who voluntarily opt out of the free higher education provision.)

☐ **PAYING STUDENT** (18 yrs. old and above)

☐ **PAYING STUDENT** (17 yrs. old below)

I hereby declare that, as a parent of a minor, I am fully aware of the Republic Act 10931 (Universal Access to Quality Tertiary Education of 2017) and all the privileges and responsibilities accorded and mandated to my child under this Act. However, my child voluntarily opts out of the free higher education provision. Thus, I hereby agree that my child shall waive all the benefits for the First Semester of School Year 2021-2022 for the reason that we are capable of paying for his/her tuition and other related school fees.

Approved by:

Ronmar

RONMAR JOHN S. SABADO

Student's Signature _____

Date Signed: 08/12/2021

Student Mobile #: 09463613931

Signature over Printed Name of Program Head/Adviser _____

Date Signed: _____

WE BUILD DREAMS WITHOUT LIMITS

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Telephone: (082)227-8192 local 249
Website: www.usep.edu.ph
E-mail: cic_dean@usep.edu.ph





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**DATA PRIVACY PROVISION
and
CONFIDENTIALITY and NON-DISCLOSURE STATEMENT**

It is expressly understood by the Undersigned that in the process of my admission to the University of Southeastern Philippines (USEP), the latter may collect data and information of students it deemed needed for the latter's admission to the University.

In view of this, the Undersigned agrees to allow, authorize, or give permission to USEP to gather, collect, handle, keep and manage such data or information, as provided to them by the Undersigned while being a student in the instant University.

Further, it is also expressly understood by the Undersigned that while enrolled in the University, the Undersigned may be exposed to data or information which may be deemed as classified by USEP. It is therefore imperative for the Undersigned to hold in confidence any such data or information and shall undertake to prevent its disclosure or transfer, consciously or unconsciously, to any party outside of this agreement without the knowledge and written consent of USEP.

By affixing my signature, the Undersigned hereby agrees with the foregoing conditions and subscribe to USEP's virtue of upholding the fundamental human right to privacy, in compliance to Republic Act 10173 or the Data Privacy Act of 2012.

Signed this 12 day of August, 2021.


Ronmar John S. Sabado

Signature over Printed Name