Vision. To be recognized as the #1 local university of employable graduates.

Mission. To provide comprehensive education that enhances the lives of QCU students for nation building and as world class citizens.

WAIVER

l,	Jasor	n S. Yecyec		studer	nt of	Quezon	City	University,	wil
participate	in the	face-to-face	class	es to l	be co	onducted	by t	he Univers	ity.
completely	unders	tand and rea	lize th	at par	rticipo	ation in th	e saic	d face to f	face
classes migh	nt be do	angerous or ho	azardo	ous to r	me.				

By signing below, I agree to the fact that participation in the above stated activity may lead into contracting a COVID-19 infection, or cause harm or injury to me. I therefore, release the Quezon City University from all liability, costs, or damages which could arise from participating in the face-to-face classes. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation by signing the same.

Name and Signature/Date

Name and Signature of Parent/Guardian