



REPUBLIC OF THE PHILIPPINES
POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
ADMISSION AND REGISTRATION SERVICES
TAGUIG CAMPUS

SAR-FORM 1

WITH CONFIRMATION DOCUMENTS

Confirmation Slip (For a 4 or 5-year degree, or 3-year diploma program)

The University Admission Committee,

I am **<<SURNAME, FIRST NAME MIDDLE NAME>>**

Name

graduated in **<<GRADUATION YEAR>>**

from **<<SCHOOL PREVIOUSLY ATTENDED>>**

would like to confirm my interest to be admitted and enrolled this First Semester, Academic Year 2025-2026 in a program where I am qualified based on the Specific College Criteria.

Respectfully yours

<<SURNAME, FIRST NAME MIDDLE NAME>>

Signature over Printed Name of Applicant

Note: Read carefully the freshman admission and enrollment procedure

This form contains personal-identifiable information that is subject to Data Privacy. Please keep this form protected and in a safe place.

Reference Number:

<<Reference Number>>



Selected NSTP:

CWTS

Attach recent
2 × 2" photo here



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The University Admission Committee,

I am **<<SURNAME, FIRST NAME MIDDLE INITIAL>>**

(Name)

graduated in **<<GRADUATION YEAR>>**

from **<<SCHOOL PREVIOUSLY ATTENDED>>**

would like to confirm my interest to be admitted and enrolled this First Semester, Academic Year 2025-2026 in a program where I am qualified based on the Specific College Criteria.

Respectfully yours,

<<SURNAME, FIRST NAME MIDDLE NAME>>

Signature over Printed Name of Applicant

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ACADEMIC YEAR 2026-2027

SHS Track/Strand: <SHS TRACK/STRAND>

Please keep these documents protected and in a safe place.



HEALTH INFORMATION FORM FOR STUDENTS

PART I. STUDENT INFORMATION

Name: _____ PUP Student No.: _____

Home: Address: _____ School Year: _____

Age: _____ Sex: _____ Civil Status: _____ Course/ College: _____

Blood Type: _____ Email Address: _____

Parent's Name/ Guardian/ Spouse: _____

Landline: _____ Cellphone: _____

PART II. MEDICAL HISTORY

1. Do you need medical attention or has known medical illness? ☐ No ☐ Yes
(Please check the following that apply as needed)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Eye Disease/ Defect	<input type="checkbox"/> Accident Injuries
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Tuberculosis /
<input type="checkbox"/> Convulsion/ Epilepsy	<input type="checkbox"/> Hyperventilation	<input type="checkbox"/> Hemophilia	Primary Complex
<input type="checkbox"/> Migraine	<input type="checkbox"/> High Blood Pressure		
<input type="checkbox"/> Others (Pls. Indicate): _____			

2. Do you have disability? ☐ None ☐ Yes, What type of disability? _____

3. Additional Information for Students and Medical Conditions:
As a Parent/ Guardian, I would like to declare that my child has history of allergies to the following:
Food(Please specify): _____ No Known Allergies: _____

Medicines: ☐ Aspirin ☐ Ibuprofen ☐ Amoxicillin
☐ Mefenamic Acid ☐ Penicillin ☐ Others: _____

PART III. PERSONAL SOCIAL HISTORY

Cigarette Smoking: ☐ Yes ☐ No
Alcohol Drinking ☐ Yes ☐ No

4. COVID-19 Vaccination History: Vaccinated: ☐ Yes ☐ No

If Yes (Vaccinated)	Date Received	Brand
1 st dose		
2 nd dose		
Booster 1 st dose		
Booster 2 nd dose		

I hereby certify that the medical health information given to PUP Medical Services are true, correct and fully disclosed to the best of my knowledge and all the medical condition that may affect in the assessment for purpose of consultation/ issuance of medical clearance/ certificate as a student of PUP.

I also understand that the PUP MSD and university will not be liable for any untoward incident that may arise due to any failure to disclose accurate information or intentionally providing false and deceptive information.

In compliance with the Data Privacy Act of 2012 and its IRR, I voluntarily consent to the collection, processing and storage of my personal and health information for the purpose/s of health assessment/ treatment/ or research following research ethics guidelines for the improvement of healthcare services.

(Signature of parent/guardian for students below 18 years old)

(Printed and signature of student)

Date

For Physician Only
Please Check

Medical Clearance: ☐ Issued ☐ Pending, Reason: _____

Date:

Physician's name and signature

NEW STUDENT ADMISSION AND ENROLLMENT PROCEDURE

ACADEMIC YEAR 2026-2027

Note: Read and understand this document carefully.

1. Download and print the Admission Documents (SAR Form 1, Route and Approval Slip, Health Information Form for Students, Certification/Undertaking Form 2, and this Document).
2. Submit the following entrance credentials/documents to the Admission and Registration Services Section.

2.1. For Graduates of Senior High School AY 2026-2027

- 2.1.1. Duly signed Waiver/Certification/Undertaking (Waiver is attached in this Confirmation Slip)
- 2.1.2. **Original** High School Card (F138/Grade 12 Card) issued by Principal or Registrar (with school dry seal)
- 2.1.3. **Original or certified true copy** of Grade 10 and 11 card (with school dry seal)
- 2.1.4. Notarized certification of non-enrollment for high school/senior high school graduates who have not enrolled in any technical/diploma/degree program immediately after graduation with “waiver” that if there is concealment of previous enrolment, PUP enrolment becomes null and void
- 2.1.5. **Original** PSA Birth Certificate
- 2.1.6. Certification of Good Moral Character issued by Principal or Guidance Counselor with school dry seal (Date on/ after Graduation)
- 2.1.7. Current Medical Certificate from any accredited healthcare facilities with letterhead signed by a Medical Doctor (printed name, signature & License Number)
- 2.1.8. Chest X-ray result (Validity of the Chest X-ray result should be no more than 6 months from the scheduled enrollment)
- 2.1.9. Duly accomplished Health Information Form for Students
- 2.1.10. Three (3) pcs 2”x2” colored picture with white background and the student's name on the photo
- 2.1.11. One (1) pc. long brown envelope
- 2.1.12. For person with disability: PWD ID or PWD certification issued by the local government unit

For further inquiries, clarifications, or in case of error, email taguig@pup.edu.ph with Message Subject: **PUPCET 2025 CONCERN**

2.2. For Previous Senior High School Graduates/High School Graduates of Past School Year/s

In addition to the above admission requirements:

- 2.2.1. Certification from the respective senior high school registrar with school dry seal and noted by the Principal that no copy of F137-A has been sent to other college or university

2.3. For Graduates of Alternative Learning System

- 2.3.1. Certificate of Completion
- 2.3.2. Certificate of Rating
- 2.3.3. Verified/Certified True Copy of National List of Passers which shows the name of the student
- 2.3.4. Certificate of Good Moral Character issued by the school last attended
- 2.3.5. Original PSA Birth Certificate
- 2.3.6. Three (3) pcs of 2”x2” colored picture with white background and with the student’s name on the photo
- 2.3.7. One (1) pc. long brown envelope
- 2.3.8. For person with disability: PWD ID or PWD certification issued by the local government unit

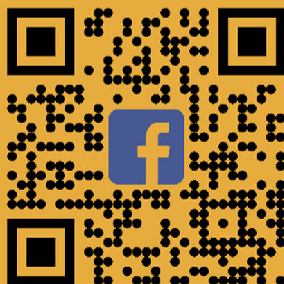
3. Proceed to college/department for interview and enrollment/tagging of program.
4. Proceed to the Medical Services Department for submission of Chest X-ray and Health Information Form for Students
5. Proceed to the Admission and Registration Services Section for printing of Registration Card.
6. Issuance of Identification Card.

WELCOME TO THE PUP COMMUNITY

Your admission to the University is valid and official if you have complied with all the admission requirements duly acknowledged by the
Admission and Registration Services Section.

*No student will be allowed to attend classes
without the Registration Certificate.*

A student's guide on how to use the PUPSIS



Now that you are officially enrolled, access your **PUP Student Information System (PUPSIS)** account for the following:

- Verification and updating of personal data.
For discrepancy found in your name, gender, and date of birth, download from PUP Website the *Request for Correction of Name and/or Date of Birth* form and proceed to the Office of the University Registrar
- Possible announcement/ advisory
- Enrollment data and schedule
- Registration Certificate
- Health Declaration Form (*if required*) and other downloadable forms
- Scholastic Record
- PUP Guidelines on Scholastic Qualification for Free Education

CERTIFICATION/UNDERTAKING

I, _____, of legal age, Filipino, with residence and postal address at _____, hereby certify THAT:

1. I am an enrollee of Polytechnic University of the Philippines (PUP)
(Please check one): ☐ Sta. Mesa, Manila
☐ Campus: _____
(State the Campus)
2. In compliance with the documentary requirements of the aforementioned University, among others, I am submitting/undertake to submit the following documents on the date of enrollment:
 - a. Original Senior High School Card (F138 / Grade 12 card), with school dry seal
 - b. Original or certified true copy of grade 10 & 11 high school card, with school dry seal
 - c. Notarized certification of non-enrollment for high school/senior high school graduates who have not enrolled in any technical/diploma/degree program immediately after graduation with "waiver" that if there is concealment of previous enrolment, PUP enrolment becomes null and void.
 - d. Original PSA Birth Certificate.
 - e. Certificate of Good Moral issued by the SHS Principal/or Guidance Counselor with school dry seal (Date on/ after Graduation).
 - f. Duly signed Certification Under Oath, Form 2
 - g. Three (3) pcs. 2"x2" colored picture with white background with applicant's name on the photo.
 - h. One (1) pc. long brown envelope.
 - i. For differently abled students / PWD and member of the indigenous people: ID or Certification issued by the local government unit.

For Senior High School Graduates/High School Graduates of Past School Year/sIn addition to the above admission requirements:

- j. Certification from senior high school registrar with school dry seal and noted by the Principal that no copy of F137-A has been sent to other college or university.

For Graduates of Alternative Learning System

- a. Certificate of Completion
 - b. Certificate of Rating
 - c. Verified/Certified True Copy of National List of Passers which shows the name of the applicant
 - d. Certificate of Good Moral Character issued by the school last attended
 - e. Original PSA Birth Certificate
 - f. Three (3) pcs of 2"x2" colored picture with white background and with the applicant's name on the photo.
 - g. One (1) pc. long brown envelope
3. I undertake to submit SF10 / Form 137-A with remarks "Copy for Polytechnic University of the Philippines Taguig Campus
 4. I vouch the authenticity and genuineness of the documents I submitted/will submit to PUP;
 5. I undertake and assume full and complete responsibility for all the consequences which may arise in case any of the documents I submitted is found to have been falsified or fabricated;
 6. I VOUCH THAT I HAVE NOT ENROLLED IN ANY HIGHER EDUCATION INSTITUTION INCLUDING ANY CAMPUS OF PUP OTHERWISE MY ENROLLMENT WILL BE CANCELLED.
 7. I understand that my admission is merely provisional and that the University reserves its right to deny my application for enrollment or revoke my enrollment should the information I declared or documents submitted have been found to be deceitful, fabricated and falsified without prejudice to filing a criminal case against me; and
 8. I am executing this Undertaking in order for the University to proceed with my enrollment.

ATTESTED by:

Signature above Printed Name of Enrollee

Date: _____

Signature above Printed Name of Parent/Guardian

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.

AFFIDAVIT OF NON-ENROLLMENT

I, Your Full Name (First name Middle Name Surname), of legal age, Filipino, with residence and postal address at Your Complete Address (House/Unit no. Street, Barangay, Subdivision, City/Municipality, ZIP Code) having been duly sworn to in accordance with the law, do hereby depose and say THAT:

1. That I graduated my high school at Name of your Previous School in the year Year you Graduated.
2. That from the time I graduated my high school up to present, I have not enrolled in any technical/diploma/degree program.
3. That if there is a concealment of previous enrollment in any technical/diploma/degree program in other school, colleges, or universities after graduation, Polytechnic University of the Philippines Taguig Campus enrollment becomes null and void.
4. That at present, I intend to enroll at PUP Taguig Campus as first year college.
5. That I am executing this affidavit to attest the truth and veracity of the foregoing statements and for whatever legal purpose the same may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 2025 at _____.

YOUR PARENT/GUARDIAN'S NAME
PARENT/ GUARDIAN

YOUR FULL NAME
AFFIANT

SUBSCRIBED AND SWORN to before me this ____ day of _____, 2025 in the City of _____, Philippines, affiant exhibiting to me his/her _____ as proof of his/her identity.

Doc. No.:
Page No.:
Book No.:
Series of 2025

PUP TAGUIG Academic Program Admission Criteria



[PUP-Taguig Campus Admission Criteria 2026](#)