



FREE HIGHER EDUCATION AND VOLUNTARY CONTRIBUTION FORM

Instruction: Fill in all required information. Do not leave an item blank. If item is not applicable indicate "N/A".

PERSONAL INFORMATION					
<input type="checkbox"/> NEW ENROLLEE <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> SHIFTEE <input type="checkbox"/> RETURNEE <input type="checkbox"/> TRANSFEREE					
Year Level:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input type="checkbox"/> 5th	Learner Reference Number:	121929070036		
Student Number:	2020-35101	Year & Course:	4th / BSM	Sem. & S.Y.	2nd Sem. / 2023-2024
Name:	PARA-ASE (Last Name)	MA. LOURDES (First Name)	BALMES (Middle Name)		
Date of Birth:	Sep 12, 2000	Place of Birth:	Tanauan, Leyte		
Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Number of Academic Units Enrolled:			
Civil Status:	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	Type of Disability (if applicable):	N/A		
	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Indigenous People Affiliation (if applicable):	N/A		
	<input type="checkbox"/> Annuled <input type="checkbox"/> Others				
Citizenship:	FILIPINO				
Father's Name:	PARA-ASE (Last Name)	FRANCIS (First Name)	MACEDA (Middle Name)		
Mother's Maiden Name:	BALMES (Last Name)	ELIZABETH (First Name)	VERZOSA (Middle Name)		
Permanent Address:	ZONE 1 (Street Address)			ADA (Brgy)	
	TANAUAN (City/Mun.)	LEYTE (Province)	6502 (Zip Code)		
Mobile Number:	09097574578	E-Mail Address:	paraasem7@gmail.com		

By signing below, **I CERTIFY** that above information are correct and true and that I give my consent to the collection and processing of my personal data in accordance with the needs and requirements of the university.

I CERTIFY FURTHER that I am cognizant of and aware of the provisions in RA 10931 (Universal Access to Quality Tertiary Education Act) and all the benefits and responsibilities under the Act. I voluntarily avail of the Free Higher Education benefits and privileges and abide with the return service obligation inherent thereto.

- ☐ I am voluntarily contributing an amount of _____ (PhP _____) for the academic period 2nd Sem. / 2023-2024.
- ☒ I am not having my voluntary contribution for the academic period 2nd Sem. / 2023-2024.

MA. LOURDES B. PARA-ASE
Name and Signature of Student

Date Signed

Conforme:

FRANCIS M. PARA-ASE
Name and Signature of Parent/Guardian

Date Signed

Subscribed and sworn to before me this _____ day of _____ for purposes of availing the Free Higher Education.

ID No.: _____

Issued by: _____

Issued at: _____

Administering Officer

ACKNOWLEDGMENT

This is to acknowledge receipt of the Free Higher Education and Voluntary Contribution Form of MA. LOURDES B. PARA-ASE, 4th Year, BSM.

EDERLYN C. DAGAMI, CPA, JD
Registrar

Date Signed