



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 checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	Learner Reference Number:	124195090133		
Student Number:	2022-32716	Year & Course:	2nd / BSIT	Sem. & S.Y.	1st Sem. / 2023-2024
Name:	MARBA (Last Name)	IQUEN (First Name)	L (Middle Name)		
Date of Birth:	Apr 28, 2004	Place of Birth:	ormoc city		
Sex:	<input checked="" type="checkbox"/> Male <input 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:	MARBA (Last Name)	JESUS (First Name)	ABENES (Middle Name)		
Mother's Maiden Name:	MARBA (Last Name)	NIMPA (First Name)	LUSARES (Middle Name)		
Permanent Address:	PUROK 1 LOOC LINAO ORMOC CITY (Street Address)			LINAO (Brgy)	
	ORMOC CITY (City/Mun.)	LEYTE (Province)	6541 (Zip Code)		
Mobile Number:	09513666076	E-Mail Address:	iquenxx@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 1st Sem. / 2023-2024.
- ☒ I am not having my voluntary contribution for the academic period 1st Sem. / 2023-2024.

**IQUEN MARBA**  
Name and Signature of Student

\_\_\_\_\_

Date Signed

Conforme:

**nimpa marba**  
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 IQUEN MARBA, 2nd Year, BSIT.

**JOANAH R. BENITEZ, MAEd**  
Registrar

\_\_\_\_\_

Date Signed