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UP FORM 5. UNIVERSITY OF THE PHILIPPINES CERTIFICATE OF REGISTRATION



STUDENT NO.	2024-09117 NAME EMPERUA, JUSTIN KYLE LAGAYAN							COLLEGE	DEGREE & MAJ	OR TERM & SY 1st Sem 25-
CLASS CODE	SUBJECT	SECTION	UNITS	SC	HEDULE & ROOM	LAB FEE	CODE	Tuition		28,500.00
54027	CE 29	SCDE	3.0	S 9AM-12PM lec ICE 408				Admission		
55140	GE 117	2D	3.0	W 2:30-4:30PM lec MH	416-418			Entrance		
55141	GE 117	2D-1	0.0	F 2:30-5:30PM lab MH	416-418	100.00		Registration/Residence		40.0
55160	GE 122	2D	3.0	T 3-5PM lec MH 416-41	18			Library		1,100.0
55161	GE 122	2D-1	0.0	Th 3-6PM lab MH 416-4	418			Laboratory		100.0
55175	GE 161	2D	3.0	T 8-10AM lec MH 318-3	320			Computer		685.0
55176	GE 161	2D-1	0.0	Th 8-11AM lab MH 318	-320				Athletic	
55186	GE 162	2D	3.0	W 8-10AM lec MH 106				Cultural		50.0
55187	GE 162	2D-1	0.0	F 8-11AM lab MH 106				Medical and Dental		250.0
39264 Math 23 WFW-HW-2 4.0		4.0	Th 1-2PM lec TBA; WF 1-2:30PM lec MB 302				Guidance			
*****	******	*******	*****r	othing follows***	*******	****	**	Handbook		
								School ID Fee		
								Development		78.5
								EDF		
								Others		0.0
I have read the University of the Philippines' Privacy Notice for Students.								3	30,878.5	
I understand that for the UP System to carry out its mandate under the 1987 Constitution, the UP Charter, and other laws,							Less: Scholarship / Privilege		0.0	
that the University must necessarily process my personal and sensitive personal information. Therefore, I grant my consent to and recognize the authority of the University to process my personal and sensitive personal								Less: Tuition Subsidy		28,500.0
information pursuant to the abovementioned Privacy Notice and other applicable laws.							Less: Other School Fees Subsidy		2,378.5	
Signature of Student Signature of Parent/Guardian (If student is a minor)								AMOUNT PAYABLE		0.00
Library Clearance Aug 08, 2025 08:09:17 pm TOTAL UNITS 19.0		Country of Citizenship PHILIPPINES			Remaining Terms to Avail of RA10931 Privilege		7	ssessed by: kpvillanueva1		
Signature and Printed Name of Sgd. MEDINA, JOMMER, MORA Adviser				STFAP Bracket / ST code Certified by:			REGIS		and the second s	cholarship / Privilege
Signature of Student			Date:	First time to enroll in UP?	O.R	. No.		Date	Amount Paid	

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