



UNIVERSITY OF MAKATI
CENTER FOR ADMISSION AND SCHOLARSHIP
TUITION/TOKEN FEE EXEMPTION
FORM



Kindly attach recent

2 x 2

I.D. Picture

ISO 9001-2008

New or Continuing Applicant:_____

**New = no previous record of approved application applicant.*

Please accomplish 2 copies(for CAS & Student) with complete attached documents.

PERSONAL PROFILE

STUDENT NUMBER: K11833184
NAME: EUGENIO SHILOH BASIO
SURNAME GIVEN NAME MIDDLE NAME
ADDRESS: BLK 83 LOT 07 MILKWEED ST. RIZAL CITY OF MAKATI
HOUSE NO. VILLAGE/STREET BARANGAY TOWN/CITY PROVINCE
AGE: 22 BIRTHDAY: 01/21/2002 SEX: F
EMAIL ADD: seugenio.k11833184@umak.edu.ph MOBILE NO: 09168759399
PROGRAM & MAJOR: BACHELOR OF SCIENCE IN COMPUTER SCIENCE
COLLEGE / INSTITUTE: CCIS
YEAR LEVEL: Fourth Year SEMESTER: 2nd Sem. RESIDENCY(Makati or Non-Makati): Makati
TUITION/TOKEN FEE EXEMPTION(Please refer below): Dean's Lister - Full

1. ACADEMIC

- 1.1 Dean's Lister
- 1.2 Entrance Scholarship

2. ACHIEVEMENT

- 2.1 Athlete / Varsity Player
- 2.2 Band Member
- 2.3 Chorale
- 2.4 Cultural Scholars / Theater Artists
- 2.5 Dance Troupe
- 2.6 NROTC & Corps of Sponsors
- 2.7 Pep Squad
- 2.8 University Student Council (USC)

3. SPECIAL

- 3.1 Brgy. or S.K. Chairman / Kagawad / Dependents
- 3.2 Cooperating Teacher's Graduate Program
- 3.3 Employee Study Grant / Employee's Dependent
- 3.4 MCO No. 2012-061 (City Hall Empl. / Public School Teachers)
- 3.5 PD No. 577
- 3.6 PWD R.A. 9442
- 3.7 Senior Citizen
- 3.8 Sister City
- 3.9 CCAPS Special Programs (Unified Scholarship)

4. OTHERS

ENDORSED BY: _____ Date Endorsed: _____ Time: _____

NOTE: To be filled up by the CAS Secretariat / Director

Date Received:____/____/____ Time:_____

YEAR LEVEL	SEMESTER	SCHOOL YEAR	GWA	REMARKS	VERIFIED BY:
Fourth Year	Second Semester	2024-2025		<div><input type="checkbox"/> Makati <input type="checkbox"/> Full Exemption</div> <div><input type="checkbox"/> Non-Makati <input type="checkbox"/> Partial Exemption</div> <div>Dean's Lister - Full</div>	<div>Signature of Scholarship Section Head / Staff</div>

☐ Approved ☐ Disapproved

Recommended by: **JOHN PAUL G. DAGUM, Ed. D.**
Director, CAS

ELYXZUR C. RAMOS, Ph.D, CESE
University President

Date Recommended:____/____/____ Time:_____

Date Recommended:____/____/____ Time:_____

CENTER FOR ADMISSION AND SCHOLARSHIP (CAS)

Date: ____/____/____

Dear Mr. / Ms. / Mrs. SHILOH BASIO EUGENIO

You are qualified as a grantee under the program of BACHELOR OF SCIENCE IN COMPUTER SCIENCE.

As a grantee, we would like to formalize the terms and conditions covering your tuition/token fee exemption grant as follows:

- 1. Your grant shall consist of (FULL/PARTIAL) TUITION/TOKEN FEE EXEMPTION.
- 2. This grant is subject to semestral review of your academic performance/achievement.
- 3. For retention, you must meet the following conditions every semester:

3.1 Maintain the required semestral grade

- **ACADEMIC**
 - Dean's Lister Scholarship grantees' GWA must be 1.00-1.75 with no grades lower than 2.0
- **SPECIAL**
 - Sister City Scholars grantees' GWA must be 2.00 or higher with no failing grades
- **ACHIEVEMENT**
 - No Failing Grades
 - Has rendered significant contribution to the University/City of Makati

3.2 Must not drop any subject, nor cancel enrollment at the time he/she enjoys the grant;

3.3 Must carry full load as prescribed by the gratee's program of study

- 4. Your grant shall automatically be forfeited in case of expulsion from the school or if you discontinue your studies.
- 5. You must abide by the program-related requirements aside from those stipulated above, such as, but not limited to, attendance in fellowship activities and activities that may be organized for grantees, reporting of grades, monitoring and evaluation of academic performance, and membership to Scholars' Society.

Congratulations and we wish you success!

Very truly yours,

UNIVERSITY PRESIDENT

Conforme: _____

Signature of Grantee

Signature of Parent/Guardian

Contact Number: _____