



OFFICE OF THE COLLEGE SECRETARY

College of Social Sciences and Philosophy

University of the Philippines Diliman

REQUEST FOR LIFTING OF INELIGIBILITY

1ST Semester/2nd Semester/Midyear

A.Y. 20 ___ - 20___

(To be filled in by the student)

Name: _____

Student Number: _____ Degree Program: _____

Contact Number /s: _____ Email Address: _____

Signature: _____ Date filed _____

(To be filled in by the College SRE)

The above-specified student is ineligible to enroll due to:

_____ Probation ----- Proceed to Steps _____

_____ Non-compliance with the conditions set by the Department the previous semester----- Proceed to Steps _____

Condition/s not met: _____

_____ Non-compliance with the conditions set by the College the previous semester----- Proceed to Steps _____

Condition/s not met: _____

Attached documents:

_____ Letter of Request _____ True Copy of Grades _____ OCG Certification

_____ Others (Please Specify) _____

Printed Name and Signature of College SRE: _____

Date: _____

Step 1: OFFICE OF COUNSELING AND GUIDANCE

Recommendation: _____ Approval _____ Disapproval _____

Remarks: _____

Guidance Counselor / Date

Step 2: DEPARTMENT

Recommendation: _____ Approval _____ Disapproval _____

Remarks: _____

Department Chair / Date

Step 3: OFFICE OF THE COLLEGE SECRETARY

Recommendation: _____ Approval _____ Disapproval _____

Remarks: _____

College Secretary / Date

Step 4: OFFICE OF THE DEAN

Recommendation: _____ Approval _____ Disapproval _____

Remarks: _____

Dean / Date