



OFFICE OF THE COLLEGE SECRETARY
College of Social Sciences and Philosophy
University of the Philippines Diliman

REQUEST FOR LIFTING OF INELIGIBILITY

___ Semester / Midyear Term | AY ___ - ___

This section should be accomplished by the student.

Name: _____
Student no.: _____ Degree program: _____
Contact no(s): _____ Email address: _____
Signature: _____ Date of filing: _____

This section should be accomplished 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 during the previous semester
Condition(s) not met: _____ Proceed to Steps _____
___ Non-compliance with the conditions set by the College during the previous semester
Condition(s) not met: _____ Proceed to Steps _____

Attached documents:

___ Letter of Request (should be duly endorsed by the Program Adviser and the Department Chair)
___ True Copy of Grades _____ OCG Certification
___ Others (please specify) _____

Signature over printed name of the College SRE _____ Date _____

STEP 1: OFFICE OF COUNSELING AND GUIDANCE

Recommendation: ___ Approval _____ Disapproval _____
Remarks: _____

Signature over printed name of the Guidance Counselor _____ Date _____

STEP 2: DEPARTMENT

Recommendation: ___ Approval _____ Disapproval _____
Remarks: _____

Signature over printed name of the Department Chair _____ Date _____

STEP 3: OFFICE OF THE COLLEGE SECRETARY

Recommendation: ___ Approval _____ Disapproval _____
Remarks: _____

Signature over printed name of the College Secretary _____ Date _____

STEP 4: OFFICE OF THE DEAN

Recommendation: ___ Approval _____ Disapproval _____
Remarks: _____

Signature over printed name of the Dean _____ Date _____