



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

**APPEAL FOR READMISSION / EXTENSION OF RESIDENCE (WAIVER OF MRR)**

\_\_\_ Semester / Midyear Term | AY \_\_\_\_ - \_\_\_\_

This section should be accomplished by the student.

Name: _____	Student no.: _____
Degree program: _____	Year level (as of last enrollment): _____
Contact no(s): _____	Email address: _____
Signature: _____	Date of filing: _____

This section should be accomplished by the College SRE.

First Enrollment in UP (Specify College)	First Enrollment in the Current College	First Enrollment	Last Enrollment	Duration of LOA	Duration of AWOL	Deficiencies (for MRR)
		in the Current Program				

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

- \_\_\_ Dismissal<sup>1</sup>  
 Reason: \_\_\_\_\_ Proceed to **Steps 1 to 6**
- \_\_\_ Permanent Disqualification<sup>2</sup>  
 Reason: \_\_\_\_\_ Proceed to **Steps 1 to 6**
- \_\_\_ Extension of Residence (Waiver of MRR<sup>3</sup>) until \_\_\_\_\_ Proceed to **Steps 1 to 6**
- \_\_\_ AWOL: \_\_\_\_\_ Proceed to **Steps 1 to 4**
- \_\_\_ Other Reason (s) \_\_\_\_\_ Proceed to Step \_\_\_\_\_

Attached documents:

- \_\_\_ Letter of appeal (should be duly endorsed by the Program Adviser and the Department Chair)
- \_\_\_ Others (please specify)

\_\_\_\_\_

\_\_\_\_\_

Signature over printed name of the College SRE

Date

<sup>1</sup>Students who, at the end of the semester, obtain final grades below "3.00" in at least 76% of the total number of academic units in which they receive final grades

<sup>2</sup>Students who, at the end of the semester, obtain final grades below "3.00" in 100% of the academic units in which they are given final grades

<sup>3</sup>The Maximum Residence Rule (MRR) states that a student must finish the requirements of a course of any college within a period of actual residence equivalent to 1 ½ times the normal length of the program concerned.

This section should be accomplished by the student.

Name: _____	Student no.: _____
Degree program: _____	Year level (as of last enrollment): _____
Contact no(s): _____	Email address: _____
Signature: _____	Date of filing: _____

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**STEP 1: OFFICE OF COUNSELING AND GUIDANCE**

Recommendation:      \_\_\_ Approval                      \_\_\_ Disapproval

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of the Guidance Counselor                      Date

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**STEP 2: DEPARTMENT**

Recommendation:      \_\_\_ Approval                      \_\_\_ Disapproval

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of the Department Chair                      Date

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**STEP 3: OFFICE OF THE COLLEGE SECRETARY**

Recommendation:      \_\_\_ Approval                      \_\_\_ Disapproval

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of the College Secretary                      Date

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**STEP 4: OFFICE OF THE DEAN**

Recommendation:      \_\_\_ Approval                      \_\_\_ Disapproval

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of the Dean                      Date

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**STEP 5: OFFICE OF THE UNIVERSITY REGISTRAR**

Action:                      \_\_\_ Approval                      \_\_\_ Disapproval

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of the University Registrar                      Date

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**STEP 6: OFFICE OF THE VICE-CHANCELLOR FOR ACADEMIC AFFAIRS**

Action:                      \_\_\_ Approval                      \_\_\_ Disapproval

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of the Vice-Chancellor  
for Academic Affairs                      Date