



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: _____	Year level (as of last enrollment): _____
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 1 to 4**
 ___ Non-compliance with the condition(s) set by the Department during the previous semester
 ___ Condition(s) not met: _____ Proceed to **Steps 2 to 3**
 ___ Non-compliance with the condition(s) set by the College during the previous semester
 ___ Condition(s) not met: _____ Proceed to **Steps 2 to 4**
 ___ Other Reason (s): _____ Proceed to **Steps 1 to 4**

Attached documents:

___ Letter of request (should be duly endorsed by the Program Adviser and the Department Chair)
 ___ True Copy of Grades (TCG) ___ 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

Action: ___ Approval ___ Disapproval

Remarks: _____

 Signature over printed name of the Dean Date