

Republic of the Philippine  
PANGASINAN STATE UNIVERSITY  
**OPEN UNIVERSITY SYSTEMS**  
Lingayen, Pangasinan

\_\_\_\_\_ Student Number  
( ) New ( ) Continuing  
( ) Transferee

**CERTIFICATE OF REGISTRATION**  
School Year 20\_\_\_\_ 20\_\_\_\_  
Semester \_\_\_\_\_ Summer \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Please Print: (Surname) (First Name) (Middle Name) Citizenship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Cellphone No.: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Person to contact in case of emergency: \_\_\_\_\_  
Course: \_\_\_\_\_ Major/Specialization: \_\_\_\_\_

COURSE NO.	COURSE TITLE	UNIT	SCHEDULE	PROFESSOR

ASSESSMENT	
FEES	AMOUNT
Entrance Fee.....P	_____
Tuition .....	_____
Registration .....	_____
Library .....	_____
Research Journal .....	_____
O.S.O .....	_____
Identification Card .....	_____
Comp. Laboratory .....	_____
Internet .....	_____
Dev't. Fee .....	_____
Fine .....	_____

**TOTAL** \_\_\_\_\_

Course Checked by: \_\_\_\_\_

Fees Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_

(STUDENT'S COPY)

\_\_\_\_\_  
**Registrar**



Republic of the Philippine  
**PANGASINAN STATE UNIVERSITY**  
**OPEN UNIVERSITY SYSTEMS**  
 Lingayen, Pangasinan

\_\_\_\_\_ Student Number  
 ( ) New ( ) Continuing  
 ( ) Transferee

**CERTIFICATE OF REGISTRATION**  
 School Year 20\_\_20\_\_  
 Semester \_\_\_\_\_ Summer \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Please Print: (Surname) (First Name) (Middle Name) Citizenship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Cellphone No.: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Person to contact in case of emergency: \_\_\_\_\_  
 Course: \_\_\_\_\_ Major/Specialization: \_\_\_\_\_

COURSE NO.	COURSE TITLE	UNIT	SCHEDULE	PROFESSOR

ASSESSMENT	
FEES	AMOUNT
Entrance Fee.....P	_____
Tuition .....	_____
Registration .....	_____
Library .....	_____
Research Journal .....	_____
O.S.O .....	_____
Identification Card .....	_____
Comp. Laboratory .....	_____
Internet .....	_____
Dev't. Fee .....	_____
Fine .....	_____

**TOTAL** \_\_\_\_\_

**STUDENT'S PLEDGE**

**In consideration of my admission to the Pangasinan State University I hereby promise and pledge to abide and comply with the rules and regulations laid down by duly constituted authorities.**

Course Checked by: \_\_\_\_\_  
 Fees Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_

(REGISTRAR'S OFFICE FILE)

\_\_\_\_\_  
**Registrar**

**STUDENT'S DIRECTORY**

(Fill all the blanks correctly)

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
3. Citizenship: \_\_\_\_\_ Home Address: \_\_\_\_\_
4. Name of Parent/Guardian/Spouse: \_\_\_\_\_ Relationship: \_\_\_\_\_
5. Address of Parent/ Guardian/Spouse: \_\_\_\_\_
6. Religious Affiliation : \_\_\_\_\_
7. Elementary School Graduated: \_\_\_\_\_ Year Graduated \_\_\_\_\_
8. Address of Elementary School Graduated: \_\_\_\_\_
9. High School Graduated: \_\_\_\_\_ Year Graduated \_\_\_\_\_
10. Address of High School Graduated: \_\_\_\_\_
11. College or University Graduated: \_\_\_\_\_ Year Graduated \_\_\_\_\_
12. Address of College/University Graduated: \_\_\_\_\_
13. Graduate School Last Attended: \_\_\_\_\_ Units Earned \_\_\_\_\_
14. Address of Graduate School Last Attended: \_\_\_\_\_
15. Special Qualifications: \_\_\_\_\_
16. Scholarship Grant (at present) : \_\_\_\_\_
17. If Foreigner :  
ACR No. \_\_\_\_\_ Passport No. \_\_\_\_\_ Visa No. \_\_\_\_\_  
Address in the Philippines \_\_\_\_\_  
Tel. No. in the Philippines \_\_\_\_\_  
Cell Phone No. in the Philippines \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

Republic of the Philippine  
**PANGASINAN STATE UNIVERSITY**  
**OPEN UNIVERSITY SYSTEMS**  
 Lingayen, Pangasinan

Student Number \_\_\_\_\_  
 ( ) New ( ) Continuing  
 ( ) Transferee

**CERTIFICATE OF REGISTRATION**  
 School Year 20\_\_\_\_20\_\_\_\_  
 Semester\_\_\_\_\_ Summer\_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Please Print: (Surname) (First Name) (Middle Name) Citizenship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Cellphone No.: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Person to contact in case of emergency: \_\_\_\_\_  
 Course: \_\_\_\_\_ Major/Specialization: \_\_\_\_\_

COURSE NO.	COURSE TITLE	UNIT	SCHEDULE	PROFESSOR

ASSESSMENT	
FEES	AMOUNT
Entrance Fee.....P	_____
Tuition .....	_____
Registration .....	_____
Library .....	_____
Research Journal .....	_____
O.S.O .....	_____
Identification Card .....	_____
Comp. Laboratory .....	_____
Internet .....	_____
Dev't. Fee .....	_____
Fine .....	_____

**TOTAL** \_\_\_\_\_

Course Checked by: \_\_\_\_\_

Fees Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 In- Charge, Student's Account Card

(ACCOUNTING COPY)

\_\_\_\_\_  
**Registrar**

