

OFFICE OF ALUMNI RELATIONS
UNIVERSITY OF THE PHILIPPINES
 Fonacier Hall, Diliman, Quezon City 1101
 Tel/Fax No.: 929-8226; E-mail: oar@nicole.upd.edu.ph
 URL - <http://www.upd.edu.ph/oar>

Please attach your picture here.

INFORMATION SHEET

OAD Form 4

PLEASE PRINT OR TYPE ALL ANSWERS

MR. _____
 MRS. _____
 MISS _____

Family Name	Given Name	Middle Name
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Note: Use name registered with the University. If you are an alumna and you subsequently got married, please indicate also your maiden name in parenthesis, e.g. (nee: Miss Cruz) **Maiden Name:** _____

TITLE PREFERRED _____ (e.g. Dr., Engr., Atty., etc.) CIVIL STATUS _____
 DATE OF BIRTH _____ CITIZENSHIP _____ SEX _____
 PLACE OF BIRTH _____ RELIGIOUS AFFILIATION _____
 PERMANENT ADDRESS _____ TEL. NO. _____
 BUSINESS ADDRESS _____ TEL. NO. _____
 FAX _____ E-MAIL _____

Note: Please check address where you prefer to be contacted by mail for us to send our publications.

EDUCATION:

A. Obtained from U.P.

<u>Degree, Diploma, Certificate, Title</u>	<u>College or Unit</u>	<u>Date of Graduation</u>
_____	_____	_____
_____	_____	_____

B. Obtained from non-U.P. Institutions

<u>Degree, Diploma, Certificate, Title</u>	<u>College or Unit</u>	<u>Date of Graduation</u>
_____	_____	_____
_____	_____	_____

CIVIL SERVICE ELIGIBILITY/BOARD/BAR

<u>Name of Examination</u>	<u>Place of Examination</u>	<u>Date</u>	<u>Rating</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT:

<u>Name of Current Employer</u>	<u>Position/Designation</u>
_____	_____
_____	_____

FAMILY RECORD:

	Name	Degree	School Obtained	Date	Home Address
Spouse:	_____	_____	_____	_____	_____
Children:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Father:	_____	_____	_____	_____	_____
Mother:	_____	_____	_____	_____	_____
Brothers:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Sisters:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Names and addresses of two other people who do not live with you who will always know your current address. Please indicate if U.P. graduates.

OAR PLACEMENT BUREAU

Tel/Fax No.: 929-8226; E-mail: oar@nicole.upd.edu.ph

URL - <http://www.upd.edu.ph/oar>

Area of Specialization: _____

Area of Competence: _____

Languages Spoken: _____

Work Experience: _____

Title/Position	Nature of Job	Company	Inclusive Dates
_____	_____	_____	_____
_____	_____	_____	_____

Other Training and Qualification: _____

Researches/Papers Written: _____

Educational Awards, Honors received: _____

Membership/Affiliation in Professional Organization: (Including Boards, Clubs, Fraternities, etc.) _____

References:

Name	Position	Address	Tel. No.
_____	_____	_____	_____
_____	_____	_____	_____

DATE _____ SIGNATURE _____

We encourage you to send in this form soonest to: The Director, Office of Alumni Relations, Fonacier Hall, UP Diliman, Quezon City 1101.

The OAR has established an alumni tracking system that will streamline our computerized record storage system to make data readily accessible and available. The UP has 189,310 alumni since 1909 (as of December 1999). Each deserves proper identification and recognition. Help make your OAR efficiently responsive to your needs and those of the University.

UPAA ANNUAL MEMBERSHIP APPLICATION FORM

Date: _____

U.P. ALUMNI ASSOCIATION
Room 211, Ang Bahay ng Alumni
U.P. Campus, Diliman
1101 Quezon City
Tel. Nos.: 920-6871; 920-6868; 920-6875 (NEW FORM)
Fax No.: 929-8327
E-mail upalum@yahoo.com.ph
Website <http://www.upalumni.ph>

Enclosed is my money in the amount of three hundred pesos (P 300.00) representing my initiation fee and my annual membership fee.

Name: _____
Degree: _____
Year of Graduation: _____
Home Address: _____
Tel. No.: _____
Office Address: _____
Tel. No.(s): _____



UNIVERSITY OF THE PHILIPPINES
OFFICE OF ALUMNI RELATIONS

Website: http://alum.up.edu.ph Email: oar@upd.edu.ph, up_oar@yahoo.com, upalumnioffice@gmail.com

ALUMNI INFORMATION CARD

Mr. _____ Title Preferred (e.g. Atty., Dr.): _____
Mrs. _____
Miss _____ Family Name Given Name Middle Name

Note: If you are an alumna and you subsequently married, please indicate your maiden name in parenthesis, e.g. (nee Miss de la Cruz). Use the name registered in UP.

Table with columns: Campus, College, School or Institute, Degree/Certificate & Year Graduated, Major, Honor. Includes fields for Residence Address, E-mail Address(es)/Websites, Present Position or Occupation, Business Address, E-mail Address(es)/Websites, Membership in UP Alumni Association Chapters.

Table with columns: Civil Service Eligibility/Board/Bar, Name of Examination, Place of Examination, Date, Rating.

Table with columns: Membership in Honor, Professional or Other Organizations (Including Boards, Clubs, Fraternities, Sororities), Name of Organization, Period of Membership, Highest Position.

Table with columns: Awards, Citations, Fellowships, Scholarships, Grants and Other Prizes Received, Name of Award Prize, Date Given.

Table with columns: Family Record, Name, Relation, Degree, School Obtained, Address.

WAIVER

- Information indicated in this form can be used for the following purposes (please check):
- [] to receive news, updates, messages and invitations for alumni activities through the UP-OAR e-group [up_oar@yahoo.com]
- [] to receive other print materials from the University
- [] This information should not be given to any group other than the UP Alumni Association.

SIGNATURE OVER PRINTED NAME DATE

