**UNIVERSITY OF THE PHILIPPINES MANILA – COLLEGE OF PHARMACY**
**ENROLLMENT CHECKLIST**

Name: | Student Number:

College: Pharmacy | Degree/Major:

**ADVISEMENT**

This section is to be filled up by the student with the subjects and set/s approved by the adviser.

APPROVED SET/S: [FORMAT: Year + Course_–_Set || ex. 5th yr BSIP Set C → 5IP-C | 3rd yr BSP Set A → 3PH-A]

| SUBJECT | SAIS SCHEDULE | | | UNITS | MODULAR SET | APPROVED BY | ENLISTED BY |
|---|---|---|---|---|---|---|---|
| | SEC | DAY | TIME | | | | |
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**TOTAL ALLOWED UNITS: _____**

Adviser: _____

Other Remarks: _____

College Secretary: Jean Flor Casauay, MS, RPh

**FINANCIAL AID**

This section is to be filled up by either the officer in charge who tagged the student as a UP Dependent (OUR) or a scholar (OSA). If you are neither but have applied for a loan on that current semester. OSA, will need to sign here, otherwise you will need to sign this section to certify that you are not a recipient of any financial aid.

_____

Type of Financial Aid (Scholarship/UP Dependent/none)

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Officer-in-Charge/Student