

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
OFFICE OF STUDENT AFFAIRS
SCHOLARSHIPS AND FINANCIAL ASSISTANCE DIVISION
STUDENT LOAN BOARD (SLB) PROGRAM
PROMISSORY NOTE FORM

_____ Semester/Midyear Term A.Y. _____ - _____

Date: _____

Name of Student: _____

Student No.: _____ (Surname) SAIS ID: _____ College: _____ (Given Name) Degree: _____ Year Level: _____ (M.I.)

Home Landline No.: _____ Mobile No.: _____ E-mail Address: _____

Name of Parent: _____

Home Landline No.: _____ (Surname) Mobile No.: _____ (Given Name) E-mail Address: _____ (M.I.)

Home Address: _____

_____ (House No./Street/Subdivision) _____ (Barangay)

_____ (Town/City) _____ (Province)

-Content of the promissory note-

Signature of Student

Attested by (as to the financial incapacity of student): _____

Endorsed by: _____

(Name and Signature of Parent, or Legal Guardian, or Professor) _____ Dean

Computation of Student Loan - Outstanding Account *(For SFAD Personnel use only)*

Semester/Academic Year	Principal (₱)	Interest (₱)	Partial Payment (₱)	Balance (₱)
Certified by: CICERO M. PEÑAFLOR Coordinator, Student Loan			TOTAL as of	

STS Percentage Discount: _____ _____ _____ _____

Certified Correct: _____

JENETTE LORY P. TAMAYO
Head, SFAD-OSA

**RECOMMENDATION OF SPECIAL COMMITTEE ON
STUDENT LOAN BOARD (SLB) PROGRAM**

	Approval:	Disapproval:	Date
ATTY. ELENO O. PERALTA, Officer-in-Charge, OSA	<input type="checkbox"/>	<input type="checkbox"/>	_____
DR. MYRNA G. CARANDANG, University Registrar	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: _____

Chancellor's Action: Approved Disapproved

DR. FERNANDO C. SANCHEZ JR.
Chancellor

INSTRUCTIONS:

- A. Fill out the promissory note form legibly;
- B. Indicate in the "content of the promissory note" portion (in letter format addressed to the Chancellor) the following information:
 - 1. Amount of outstanding loan and semester it was incurred
 - 2. Reason(s) for the delayed payment
 - 3. Settlement date of loan
 - 4. Your signature;
- C. Have the promissory note signed by your parent, legal guardian, or a tenured UPLB faculty;
- D. Submit the promissory note to the student loan personnel at Window 2 or 3, OSA-SFAD, Room 6, 2/F, S.U. Bldg. for computation of interest of the outstanding loan;
- E. Proceed to ST System Office at Room 5, 2/F, S.U. Bldg. for STS Percentage Discount certification.
- F. Have the promissory note endorsed by your College Dean;
- G. Have the Special Committee on the Student Loan Board (SLB) Program evaluate and sign your promissory note. The office of Atty. Eleno O. Peralta, OSA Officer-in-Charge, is located at Room 2, 2/F, S.U. Bldg. while that of Dr. Myrna G. Carandang, University Registrar, is at the Office of the University Registrar, G/F, NCAS Bldg.;
- H. Forward the promissory note to the UPLB Office of the Chancellor for appropriate action; and
- I. Upon approval by the Chancellor, have the promissory note photocopied and submit the original copy to the student loan personnel at Window 2 or 3, OSA-SFAD, Room 6, 2/F, S.U. Bldg. for posting and releasing of hold in SAIS.

Note:

- 1. Non-compliance with what is approved and agreed upon in the SLB Promissory Note application constitute breach of agreement. Case/s of dishonesty may be filed at the Student Disciplinary Tribunal in accordance with Section 2 (m) of the University's Rules and Regulations on Student Conduct and Discipline. Necessary sanction/s will be imposed upon resolution of the case under Section 26 (m) of the University's Rules and Regulations on Student Conduct and Discipline.
- 2. A demand letter/notice will be sent to the student borrower and the co-debtor once the loan/s has become overdue.

DATA PRIVACY CONSENT FORM

The undersigned, one of the applicants/grantees of the _____, has given permission to the OSA staff in charge of the scholarship/financial assistance in the collection, lawful use, and disclosure of my personal information which may include my student number, name, contact information, address, course, academic performance (i.e. number of units enrolled, subject's with grade/s obtained) and grant details.

I, further confirm that the OSA and other appropriate offices in the University are authorized to provide the above information to legitimate offices/institutions requesting specific information in relation to the awarding/renewal of my scholarship/financial assistance within the specified academic period.

This consent enables the OSA to comply with R.A. 10173, otherwise known as the Philippine Data Privacy Act of 2012.

I certify that the information given above is true and correct.

I consent to the processing of my personal and sensitive personal information contained in this form and in documents submitted for my scholarship/financial assistance application for the purpose of enabling the University of the Philippines System including all the relevant System and Constituent University Offices to verify my identify, prevent fraud, process my application, determine whether I am qualified to avail of my scholarship or other similar financial or other assistance, conduct research using non identifiable information in order to study the effectiveness of the University's scholarships and other financial assistance programs and assess how to improve the systems for the selection and execution of scholarship/financial assistance programs.

I further expressly agree that the concerned System and/or CU office may directly obtain all my relevant student records whether in electronic or paper based format in order to verify the information contained in my application for the purpose of determining my eligibility for the scholarship and other financial assistance from the relevant UP Registrar, disciplinary board or tribunal and other University offices.

I expressly authorize the University to provide information required by the scholarship/financial assistance funders or sponsors for the purpose of enabling the latter to determine whether or not to continue to provide financial and other assistance with the assurance that the University will require such parties to observe strict compliance with the Philippine Data Privacy Act and other related laws and issuances when they process my personal and sensitive personal information.

I understand that the University of the Philippines including System and CU offices are authorized to process my personal and sensitive personal information without need of my consent pursuant to the relevant portions of Sections 4, 12, and 13 of the Philippine Data Privacy Act.

Signature over printed name of student
Date: _____

If the student is a minor:

Signature over printed name of parent/guardian
Date: _____