University of the Philippines Los Baños Office of Student Affairs

STUDENT LOAN BOARD PROGRAM

OSA-SFAD Form 4A-1

Application Numl	N	ew	Old	
2 nd	Semester School Year	2018	-	2019
Date Filed:				
STS Percentage	Discount:			

Revised November 2018						
	Α	PPLICATION	FORM			
1. STUDENT'S PERSONA Name of Student	L INFORMATION	N.				
	(Surname)	ne)		(First Name)	M.I.	
Student No.	SAIS ID No.	Со	llege	Degree/Year Level		
Contact No.: Landline		Mobile No.		Email Address		
Permanent Home Address						
-	(House N	ouse No./Street/Subdivision)		(Barangay)		
-		(Town/City)		(Province)		
2. LOAN (For computatio	n of OSA Loan S	staff Only)				
Total Matriculation Fee (TMF	-)			₱		
				₱		
Cash Payment upon Enrollm	ent			₽		
Interest Rate per Annum				6%		
Payment Term	Term			1 term		
Due Date				May 24, 2019		
interest on the date stated above. It succeeding semesters nor be given	oromise to adhere to the clearance from the universition of records shall	e deadline and I understan versity. I certify that all the	d that failure to information in	ware of my accountability to pay the loar o comply shall mean that I may not be abl n this form are true and correct. I unders al in accordance with Section 2 (m) of the	le to register in the stand that cases o	
				Student's Signature		
3. CO-DEBTOR						
I am willing and capable of	serving as co-debtor o		nt's Full Name	who is applying for loa	in from Student	
Loan Board Program. As a sign of win payment of the loan in case the debto		ard is with him/her which w		d upon application. I share the same resp	onsibility for the	
Name of Co-Debtor:						
		Printed Name		Signatu	re	
Relationship to Debtor (Pls.	•	Parent		lative (pls. specify ationship to the debtor)		
Co-Debtor's Complete Home Contact Number: Landline		Mobile No.		Email Address:		
•						
4. a) Processed by:	r.	o. Certified correct:		c. Approved:		
		CICEDO M D	FÑAF! OF		AL TA	
		CICERO M. PI	ENAFLUK	ELENO O. PERA	ALIA	

Procedures and requirements for SLB application:

- Student Loan Board (SLB) is open to all qualified undergraduate and graduate students except to those students taking-up non-degree programs.

 Students with outstanding loans will not be allowed to avail of any further SLB unless there is a promissory note approved by the Chancellor. Promissory notes should be processed

Coordinator, Student Loan

Officer-in-Charge, OSA

- Fill-out the SLB application form legibly and have it signed by your co-debtor. Acceptable co-debtors are parents and immediate relatives by consanguinity which include grandparents, uncles and aunts from both sides, and brothers and sisters who are of legal age. Your co-debtor's middle or last name should reflect your relationship with each other. Please provide your birth certificate or other supporting documents as proof of your relationship.
- For students with changes in their ST System Percentage Discount, please proceed to Rm. 5 for tagging of new ST System Percentage Discount before submission of SLB application form.
- Submit 2 copies of the form (1 original and 1 photocopy) and present the co-debtor's original valid ID (with picture and signature) to the student loan personnel at Window 2 and/or 3, OSA-SFAD, Room 6, 2/F S.U. Bidg. Valid IDs that may be presented are driver's license, SSS ID, GSIS ID, PhilHealth ID, current company/office ID, postal ID, BIR TIN ID,Barangay ID, Voter's ID, or passport.
- Maximum loanable amount is 80% of the total assessed fees. One hundred percent (100%) loan may be granted provided a request to avail of 100% SLB is approved by the Chancellor. **Request form** is available at Window 2 and/or 3, OSA-SFAD, Room 6, 2/F, S.U. Bldg. or you may download it at OSAM website at www.uplbosa.org. If you decide to pay your matriculation fees in full <u>after</u> approval, return this form to OSA-SFAD for loan cancellation.
- 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/financia 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 nor identifiable information in order to study the effectiveness of the University's scholarships and other financial assistance programs are 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