

STUDENT HOUSING SECTION
Office of Student Affairs
University of the Philippines Mindanao

Name: _____ Age: _____ Date of Birth: _____ RM.No: _____
 Course/Year: _____ Student No.: _____ Religion: _____
 Home Address: _____ Contact No.: _____
 City Address: _____
 Parent's Name: _____ Contact No.: _____
 Guardian's Name: _____ Relationship: _____

CLASS SCHEDULE: 1st Semester/2nd Semester/Summer

| Subject | Time | M | T | W | Th | F | Sa |
|---------|------|---|---|---|----|---|----|
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Date Check-in _____

| Appliance: | Qty. |
|---|------|
| Personal Computer | |
| Cassette Recorder | |
| Cellular Phone (specify model & Serial No.) | |
| Electric Fan | |
| Study Lamp | |
| Elect. Alarm Clock | |
| PSP | |
| MP3/MP4/MP5/IPOD | |
| Battery Charger | |
| Others (pls. Specify) | |
| | |

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|---------------|-------------|
| Wall Fan | Bed |
| Closet | Mattress |
| Study Tap | Chair (MR#) |
| Closet Handle | Key |