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| OSA-SFAD Form 4c | **UNIVERSITY OF THE PHILIPPINES LOS BAÑOS** |  |
| September 2015 | **OFFICE OF STUDENT AFFAIRS** |  |
|  | **SCHOLARSHIPS AND FINANCIAL ASSISTANCE DIVISION** |  |

**STUDENT LOAN BOARD (SLB) PROGRAM**

**REQUEST FORM FOR AVAILMENT OF 100% STUDENT LOAN BOARD (SLB)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_** | **A.Y.** | **\_\_\_\_** | **-** | **\_\_\_\_** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Student | | | | **\_\_\_\_LAST\_\_\_\_** | | | | | | **\_\_\_\_\_\_\_\_\_\_\_FIRST\_\_\_\_\_\_\_\_\_** | | | | | | | | **\_\_MI\_\_** | |
| Student No | **\_\_\_\_\_\_\_\_\_\_** | | | | | College | | **Choose** | | | Degree | | **Choose** | | Year Level | | **Choose** | |
| Telephone No | | **\_\_\_\_\_\_\_\_\_\_\_** | | | | | Mobile No | | **\_\_\_\_\_\_\_\_\_\_\_** | | | Email | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Name of Parent | | | | | **\_\_\_\_LAST\_\_\_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_FIRST\_\_\_\_\_\_\_\_\_** | | | | | | | | **\_\_MI\_\_** |
| Telephone No | | **\_\_\_\_\_\_\_\_\_\_\_** | | | | | Mobile No | | **\_\_\_\_\_\_\_\_\_\_\_** | | | Email | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Home Address | | | **(House No. / Street / Subdivision)** | | | | | | | | | | | | | **(Barangay)** | | | |
| **(Town / City)** | | | | | | | | | **(Province)** | | | | | | | |

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| --- |
| **-Content of 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 (PhP)** | **Interest (PhP)** | **Partial Payment (PhP)** | **Balance (PhP)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Certified by:  **CICERO M. PENAFLOR**  Student Loan Coordinator | | | **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**

**Recommendation:**

Approval: Disapproval: Date

**DR. NINA M. CADIZ,** OSA Director \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DR. MYRNA G. CARANDANG,** University Registrar \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chancellor’s Action: Approved Disapproved**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DR. FERNANDO C. SANCHEZ JR.**

Chancellor