SAWO Form 05
Student Affairs and Welfare Office

Republic of the Philippines
UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES
Lapasan, Cagayan de Oro City
Tel. Nos.: (088) 856-1738/856-1739; Tel. Fax: (088) 856-4696

Identification Card Request Slip

Date : ____________________________
ID No. : ___________________________
Name : ____________________________
Course/Year & Section : _____________

REQUEST (Please check)
[ ] New Identification Card (Php 100.00)
[ ] Replacement (Php 50.00)

REMARKS/ACTION TAKEN:
____
____

PROMISORY NOTE

I hereby promise to follow the University Prescribed School Uniform Policy as stated in the Student Handbook.

____
Signature-Over-Printed Name of the Student

REMARKS/ACTION TAKEN:
____
____

CASHIER-IN-CHARGE: ___________
AMOUNT: Php ________________
Official Receipt #: ________________

APPROVED:

DR. AMPARO VEDUA DINAGSAO
Director, Student Affairs
This University

[Students' Copy]

8888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888

SAWO Form 05
Student Affairs and Welfare Office

Republic of the Philippines
UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES
Lapasan, Cagayan de Oro City
Tel. Nos.: (088) 856-1738/856-1739; Tel. Fax: (088) 856-4696

Identification Card Request Slip

Date : ____________________________
ID No. : ___________________________
Name : ____________________________
Course/Year & Section : _____________

REQUEST (Please check)
[ ] New Identification Card (Php 100.00)
[ ] Replacement (Php 50.00)

REMARKS/ACTION TAKEN:
____
____

PROMISORY NOTE

I hereby promise to follow the University Prescribed School Uniform Policy as stated in the Student Handbook.

____
Signature-Over-Printed Name of the Student

REMARKS/ACTION TAKEN:
____
____

CASHIER-IN-CHARGE: ___________
AMOUNT: Php ________________
Official Receipt #: ________________

APPROVED:

DR. AMPARO VEDUA DINAGSAO
Director, Student Affairs
This University

[Student Affairs' Copy]