



UNIVERSITY OF SANTO TOMAS
OFFICE OF THE SECRETARY-GENERAL

APPLICATION FORM FOR OSG'S GENERAL SERVICES

Applicant's Name: _____ Date: _____
Surname, Given Name, Middle Initial MM/DD/YY

Faculty/College/Organization: _____

The Secretary-General:

I have the honor to apply for approval on *(Please tick the applicable Office Services you are applying for):*

- | | |
|---|---|
| <input type="checkbox"/> Photography service by DMD | <input type="checkbox"/> Posting of announcements via e-board |
| <input type="checkbox"/> Late enrollment | <input type="checkbox"/> Video shoot in the campus |
| <input type="checkbox"/> Shifting | <input type="checkbox"/> Use of venue not encoded in E-reserve |
| <input type="checkbox"/> Transfer (from other University to UST) | <input type="checkbox"/> Change of schedule of previously approved activities |
| <input type="checkbox"/> Second Degree | <input type="checkbox"/> Others, please specify |
| <input type="checkbox"/> Visitor's Information Sheet | _____ |
| <input type="checkbox"/> Certification of enrolled students without official UST ID | _____ |
| <input type="checkbox"/> Certification of the ID card of officially enrolled students | _____ |

Attachments include:

Thank you.

Applicant's Signature

Approved by: _____

Date Approved: _____