

	STATEMENT OF COMPLIANCE	Document No.: FM-SHS-05-02
		Effective Date: March 27, 2019

IMPORTANT: To be accomplished, acknowledged and signed by the student enrollee and parent/guardian and to be returned to the Office of the Registrar when claiming the school ID.

Name of Applicant _____
Surname
First Name
Middle Name

Parent's/Guardian's Name _____ **Relationship** _____

WE, the undersigned confirmed and acknowledged:

1. That we have read, understood, agreed to, and bind ourselves to comply with the rules and regulations contained in student handbook found at the Mapua website: www.mapua.edu.ph and other Mapua issuances which the University may promulgate in the future.
2. That upon admission for enrollment and during the whole period of the student's residency in the University, the student is placed under and governed by the academic and educational jurisdiction and authority of the University.
3. That the submission of any falsified or spurious documents for registration/enrollment during the student's residency in the University shall be cause for dismissal of the student from the Mapua University and the school fees paid by the student shall be forfeited in favor of the University.
4. That we are giving the Office of the Registrar the full authority to use and release information regarding my records to different departments in the University, if necessary for legitimate purposes in accordance with the Data Privacy Policy of the University, if necessary.
5. That we have executed and signed this Statement of Compliance freely, voluntarily, and without any mental reservations.

Student's Signature

Parent's / Guardian Signature

Printed Name

Printed Name

Date

Date

We are giving the University the full authority to release information regarding academic records only to the following:

Name	Relationship	Signature
_____	_____	_____
_____	_____	_____