



Republic of the Philippines
BENGUET STATE UNIVERSITY

La Trinidad, 2601, Benguet

Tel (074) 422-2401/2402/2127 Telefax (074) 422-2281

www.bsu.edu.ph registrar@bsu.edu.ph

Please read carefully the instructions provided at the back of this form before filling up.

WAIVER OF SUBSIDY FOR TUITION AND OTHER SCHOOL FEES
(For _____ semester/ term of academic year _____ - _____)

I, _____, Filipino, Single/married/widow(er), _____
(FIRST NAME) (MIDDLE NAME) (FAMILY NAME)
years old, and resident of _____, after having been sworn in
(PERMANENT ADDRESS)
accordance with law, do hereby depose and state that:

1. I am enrolled or intending to enroll in the degree _____ with the
Benguet State University (BSU) _____ Campus;
(La Trinidad/ Buguias/ Bokod)
2. I am fully aware of my benefits and responsibilities under the "Universal Access to Quality Tertiary Education Act of 2017" (Republic Act No. 10931) including but not limited to free tuition and school fees subsidy;
3. Notwithstanding, I am voluntarily waiving or opting out of the subsidy for tuition and other school fees for the _____ semester / term of Academic Year _____ - _____ because I am financially able to pay for my tuition and other school fees;
4. I have read and understood the contents of this waiver, and that I have knowingly, free from duress and voluntarily made this choice to WAIVE the subsidy for tuition and other school fees for the above-mentioned semester of said academic year, and, as a consequence, I will be exempt from the civic obligation provided under the law;
5. I understand and acknowledge that the term "**other similar or related fees**" as defined by law and to which payment I am entitled to exemption shall refer and be restricted only to the following or synonymous thereto:
 - (1) library fees;
 - (2) computer fees;
 - (3) laboratory fees;
 - (4) school ID fees;
 - (5) athletic fees;
 - (6) admission fees;
 - (7) development fees;
 - (8) guidance fees;
 - (9) handbook fees;
 - (10) entrance fees;
 - (11) registration fees;
 - (12) medical and dental fees;
 - (13) cultural fees
6. As a consequence, I may also be required to pay the fees not falling under the definition provided by law for "tuition fee" and "other similar or related fees";
7. I further understand that my decision shall be final and irrevocable for the current semester/term and I shall be required to pay the amount equivalent to the assessed tuition and other school fees for the applicable semester/term. That if I change my decision, the same shall apply on the next semester/s or term/s.
8. I undertake to abide by all the terms of the aforesaid law, the opt-out Mechanism created by the University, the university admission and retention policies and other regulations;
9. I am executing this Waiver to attest to the truth of the foregoing and for all legal intents and purposes it may serve.

IN WITNESS WHEREOF, I have hereunto affixed my hand this _____, 20____ at La Trinidad, Benguet, Philippines.

(DATE)

Assisted by:

(Signature over printed name of the student)
ID No. _____

(Signature over printed name)
(Parent/Legal Guardian if student is a minor)
ID No. _____

I hereby certify, in my official capacity as the registrar of the Benguet State University and pursuant to the Implementing Rules and Regulations of RA 10931, that the voluntary contribution has been duly accepted by the University:

BERNADETTE C. BAGTO
Registrar IV
BSU Employee ID No. 010054

Submit six (6) signed copies of this Form, complete and duly notarized, together with your registration form on your scheduled enrollment day.

ACKNOWLEDGEMENT

Republic of the Philippines) s.s
La Trinidad, Benguet)

BEFORE ME, a Notary Public for and in the Province of Benguet this _____ personally appeared
(DATE)
the party/ies with their competent pieces of evidence of identity, the details of which are indicated above, known to me and
to me known to be the same person who executed the foregoing instrument, and acknowledged before me that the same
is his/her free and voluntary act and deed.

WITNESS MY HAND AND SEAL, on the date and place above written.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

INSTRUCTIONS:

1. *If the student is a minor, he/she must be assisted by his/her parent or legal guardian;*
2. *This form shall be accomplished in **SIX (6) ORIGINAL COPIES** with ORIGINAL signatures affixed as appearing on the competent evidence of identity (proof of identification) to be presented;*
3. **Both** student and parent/legal guardian (if the student is a minor) must present a competent evidence of identity such as:
 - a. any **valid government** issued ID (Philhealth/ SSS/ GSIS/ UMID, etc.);
 - b. Tax Identification Number card;
 - c. Passport
 - d. barangay, NBI or police clearance containing the picture and signature of the student or parent;
4. *All blank portions must be filled up legibly by the student;*
5. *All parties and their witnesses shall sign above their respective printed names in the provided portions, **AND** in the left margin portion of the other pages;*
6. *In case of inapplicability of a blank portion as when the student is of the age of majority (legal age), put three "X's" in the blank portion OR place "Not applicable" in each and every blank portion;*
7. **Both** the student and the signing parent or legal guardian **MUST** be physically present during the act of notarization (If the student is a minor). **There shall be no exception to this.**