

UNIVERSITY OF SANTO TOMAS
OFFICE OF THE REGISTRAR

CONDITIONAL ADMISSION CONTRACT FOR FOREIGN STUDENTS

I, assisted by my parent/guardian, understand that I am conditionally admitted to the University of Santo Tomas, and I agree to the following conditions:

1. I must submit my student visa / special study permit on or before _____
2. I agree to be bound by the rules, regulations, and policies of the University
3. Should I fail to submit the above-mentioned requirement within the given period, I understand that I shall be dropped from my Program.

Signature over Printed Name: _____

Starting Term: _____

Academic Program: _____

Assisted by:

Signature over printed name of Parent / Guardian

Signature over printed name of Dean/ Principal