



OFFICE OF INTERNATIONAL LINKAGES
UNIVERSITY OF THE PHILIPPINES



Mobility for Vigor and Excellence – University of the Philippines (MOVE-UP)
Outbound Student Exchange
CONFIRMATION OF PARTICIPATION

DOLORES CECILIA T. MADRID

Chair, MOVE-UP Outbound Student Exchange Committee
Director, Office of International Linkages

Dear **Dir. Madrid**:

☐ I would like to confirm my participation in the student exchange program of the University of the Philippines with **Name of Host University, Country** for **one/two semester/s**. I promise that I will abide by the policies of the student exchange program set by the Office of International Linkages.

☐ I regret that I cannot participate in the student exchange program due to the following reason/s:

Thank you.

Sincerely,

Name and signature of the student

Student Number

Degree Program

UP Campus

Date: **Month DD, YYYY**

Noted by:

Name and signature of parent/legal guardian

Note: Entries in red should be replaced with appropriate information. Change the font color to black once the appropriate information is supplied. Delete this part before printing.