**OPT-OUT WAIVER**

*(R.A. 10931 Universal Access to Quality Tertiary Education Act)*

I, , a Year student of the

 (*Name) (Year Level)*

 , is fully aware **of Rule II, Section 8 or the**

 *(Name of Program)*

**“Opt-Out Mechanism”** of the Implementing Rules and Regulations of R.A. 10931 (Free Higher Education Act) and would like to voluntarily:

*Please check (🗸) the box if applicable.*

 **OPT-OUT for the \_\_\_\_ Semester of Academic Year 20\_\_\_\_-20\_\_\_\_.**

*Reason for opting out:*

 Financial capacity to pay Others *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Important Notice: Students who opt-out must also pay all required fees outside their tuition and miscellaneous fees, including graduation fees, certification fees, notarial fees, and other related fees if applicable.***

I understand that by voluntarily opting out the free higher education provision, I shall pay the amount equivalent to the assessed tuition and other school fees of the University.

Student’s Signature: Date:

Student ID Number:

*(To be accomplished if student is below 18 years old)*

Name and Signature of Parent/Guardian:

Doc No.

Page No.

Book No.

Series of **(PRESENT YEAR)**