



UNIVERSITY *of the* PHILIPPINES  
COLLEGE OF LAW

LLM Program Application Form

**Instructions:**

1. **Fill out the application form, two reference letters (see separate form), and submit on or before April 30, 2020, 4pm.** Applications made by encoding into this electronic form should be answered in font size 12 format using any easily readable font. Should applicant opt to print and answer the application by hand, answers should be written legibly and in block letters.
2. Details provided must be consistent with information in your official ID. For students who are not nationals of the Philippines, the information must be consistent with those provided in your passport.
3. Responses to the application form as well as other materials attached must be in English. Should any of the documents be in any other language, document must be translated in English. Please attach the translated document immediately after the original document.
4. For printing purposes please print the application form on Letter-size (8.5" x 11") paper.
5. All students who are not nationals of the Philippines are expected to secure by themselves a student VISA. Should the foreign applicant bring accompanying dependents, the applicant shall secure VISAs for said dependents at his cost.
6. **Applicants should include in their submission the following documents:**
  - Cover letter
  - Transcript of grades from your first law degree
  - Transcript of grades from your college degree.
  - Curriculum vitae
  - IELTS or TOEFL scores or proof that prior law degree was taught and conducted in English
  - Two (2) letters of recommendation
7. The application form and related documents may be submitted through the following methods:
  - Fill in the application form electronically and submit it (along with relevant documents) through this online form: <http://bit.ly/goupllm>
  - Alternatively, application forms may be printed, accomplished by hand, and sent to **University of the Philippines College of Law, UP Bonifacio Global City (UP BGC), Taguig City, 1634, Philippines.** Email us the tracking number.
  - Recommendation letters can be submitted personally by the applicant or sent through courier by the recommender. In any case, recommendation letters should be contained in a sealed and signed envelope.
8. Applicant must take note of the following:
  - The University may impose additional requirements including a Health Clearance. Health Clearance may be issued by the UP Diliman Health Services or it may be secured by the applicant elsewhere.
  - The College will make available further information on admission requirements, as well as financial assistance and scholarships, particularly those applicable to ASEAN scholars.
  - Additional submissions may be required to determine the eligibility of applicants.



**III. WORK EXPERIENCE**

Employer	Position	Period of Employment

**IV. ORGANIZATION(S)**

Name of Organization	Year joined	Position (If any)

**V. EXTRACURRICULAR ACTIVITIES**

Extracurricular Activities	Period	Short Description

**VI. OTHER QUALIFICATIONS** - List down other qualifications admissions board should consider for applicant's acceptance.

**VII. ADDITIONAL QUESTIONS**

Do you have any physical disability or condition that requires special attention? \_\_\_\_\_

Have you ever enrolled in any graduate school? If yes, please give more details  
\_\_\_\_\_

**VIII. SCHOLARSHIP/SUPPORT**

Answer the following questions. Check appropriate box if an option is given. These are merely preliminary questions to know applicant’s interest in a scholarship. If applicant is interested, a separate scholarship application form will be provided.

Are you interested in availing of a scholarship? If your answer is yes please answer the follow-up questions below.

YES    NO

**Present Status:**

Student    Employed    Unemployed    Others, please specify \_\_\_\_\_

Name of school/employer if applicable: \_\_\_\_\_

Contact details of school/employer: \_\_\_\_\_

Field engaged in the past? (Academic, Government, Private Practice, etc.) Provide a short explanation. \_\_\_\_\_  
\_\_\_\_\_

If the applicant is not a resident of the Philippines, will the applicant bring an accompanying dependent?

YES    NO

If Yes please enumerate dependents.

Name of Dependent	Relationship	Age

**IX. EMERGENCY CONTACT INFORMATION**

Indicate the person to be contacted in case of emergency.

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I attest to the accuracy of the information written above as well as to the authenticity of the documents attached.

\_\_\_\_\_  
Signature over printed full name of applicant

Date \_\_\_\_\_  
DD/MM/YYYY