



Office of Admissions  
and Scholarships

# PWD DISCOUNT APPLICATION FORM

Office of Admissions and Scholarships

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## PWD Discount Terms and Conditions

All applicants seeking recognition under the Persons with Disability (PWD) classification are required to submit a clear photocopy or scanned copy of their valid PWD Identification Card issued by the respective local government unit (LGU). All applicants must submit a medical certificate signed by a licensed physician who specializes in the applicant's condition, certifying the nature and extent of the disability. In the case of mental or psychological conditions, a psychiatric certificate signed by a licensed psychiatrist is required.

Qualified students may be granted a ten percent (10%) discount on tuition only, effective Academic Year 2025–2026, as approved by the University Scholarship Council in Academic Year 2024–2025. The discount shall not apply to miscellaneous, laboratory, or other ancillary fees. Eligibility is subject to verification and final approval by De La Salle University (DLSU), which reserves the right to review, amend, or revoke the discount at any time, without prior notice, in accordance with prevailing institutional policies and regulations.

This policy is issued pursuant to the provisions of Republic Act No. 7277, otherwise known as the Magna Carta for Persons with Disabilities, and reflects the University's commitment to ensuring equitable access to education for persons with disabilities.

### PERSONAL INFORMATION OF THE BENEFICIARY (PWD):

Full Name

:

(PLEASE USE CAPITAL)

Enter your **Last Name (family name)**, followed by your **First Name (given name)**, and your **Middle Name (if applicable)**.  
Ensure that the names are spelled correctly and as they appear on your official identification documents.

Gender : ☐ Male ☐ Female

Address : \_\_\_\_\_

Contact Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Current Level of Education: ☐ Undergraduate (UG) ☐ Graduate School (GS)

Student ID Number : \_\_\_\_\_ College : \_\_\_\_\_

Degree Program : \_\_\_\_\_

### PWD IDENTIFICATION INFORMATION

PWD ID Number : \_\_\_\_\_

Date of Issuance (MM/DD/YYYY): \_\_\_\_\_ Date of Expiry (MM/DD/YYYY): \_\_\_\_\_

Issuing Municipality/City of PWD ID: \_\_\_\_\_

#### Type of Disability

☐ Psychosocial Disability ☐ Learning Disability ☐ Orthopedic Disability  
☐ Mental Disability ☐ Speech Impairment ☐ Cancer (RA11215)  
☐ Hearing Disability ☐ Visual Disability ☐ Rare Disease (RA10747)

Specific Ailment: \_\_\_\_\_

### For Office of Admissions and Scholarships Use Only: Verification and Approval

*The applicant's requirements have been reviewed and confirmed to meet the program's terms and conditions.*

Verified by: \_\_\_\_\_

Signature over Printed Name / Date

Scholarships Section Head or, in their absence, the Senior Records Assistant

Approved by: \_\_\_\_\_

Signature over Printed Name / Date

Director, Office of Admissions and Scholarships

**Important Reminder:** The PWD discount applies exclusively to tuition fees as indicated in the student's official enrollment assessment for the current trimester. Applications shall be valid only for the same trimester and shall not be granted retroactively for prior terms under any circumstance. Furthermore, the PWD Identification Card must be valid for the full duration of the applicable trimester; expired or expiring IDs shall not be accepted as proof of eligibility.