



INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

Graduate School for Public Health

4th Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: admin@icfhi.com / Website: <https://www.icfhi.com>

Cellfone number: +639059454511 / Landline number: +63284206770

STUDENT CONTRACT:

You will have a contract with the school and a legal obligation to pay the fees due from you to the school. Failure to pay fees/charges when due may be subject to disciplinary measures as stipulated in the School Terms and Conditions above.

DATA PRIVACY:

The Institute of Community and Family Health, Inc. will use the information you have provided on this form per RA 10173 of the Philippines Data Privacy Act of 2012.

FINANCIAL DECLARATION:

I have read and understood everything written in the financial declaration. By signing this financial declaration, I give my assurance to the Institute of Community and Family Health, Inc. that I have provided true and correct information about the payment of my course fees and that I am able and willing to ensure that all of my fees are paid for the duration of my course (Master in Public Health) at the Institute of Community and Family Health, Inc.

Signed

Date:

Once completed and signed, please send the form to Ms. Doris S. Melaño at registrar@icfhi.com and the relevant supporting financial documents.

Office Use Only – ICFHI Approval

Name: _____ Signature: _____