



Date.....

TO : Dean/Director of.....

I, Mr./Mrs./Miss..... Student Code.....

School ..... Department. ....  Day Program  Special Programs

Status :  Transferred  On Second Degree Studies Name of previous institution .....

I would like to register for the academic year of.....semester.....as follows:

Section 1: For the first registration of a semester only.

Table with 5 columns: Course Code, Section, Course Title, Credit(s), Note. Rows 1-7.

Total.....Credits

Section 2: For adding and dropping

Table with 6 columns: Course Code, Section, Credit(s) under Adding; Course Code, Section, Credit(s) under Dropping. Rows 1-5.

Number of credits before adding/dropping:..... Number of credits after adding/dropping:.....

Section 3: Courses with identical class hours.

Table for comparing course sections with identical class hours. Columns for Course Code, Section, Day, Time, and a comparison field.

For your Consideration.

Student signature

Contact telephone number.....

- Note: 1. This request form is required every semester and must contain signature of the Dean/Director to be valid for registration on the specified date. Then bring the completed form to the Records Office.
2. For cross - program registration or regrading purposes, also submit separately applicable forms.
3. Any corrections made to the above given information must be endorsed by the Dean/Director.

Form with two columns: School Use (Approved, Approved the courses of, Others) and Records Office Use (The requested course(s) recorded and filed, Officer signature). Includes Dean/Director and Officer signature lines.