UNIVERSITY OF THE PHILIPPINES
Diliman, Quezon City
REQUEST TO CROSS-REGISTER

STUDENT NO. : _____ **NAME:** _____

COURSE: _____ **YEAR LEVEL :** _____

SIGNATURE : _____

    I would like to request permission to cross-enrol at _____

for the (term) _____ AY _____ for the following reasons : *

_____

_____

Subjects requested : Units : Adviser's Validation : Alternate subjects : Units : Adviser's Validation

_____ : ____ : _____ : _____ : ____ : _____

_____ : ____ : _____ : _____ : ____ : _____

No. of Units registration _____   **No. of units applied for** _____ **Total Load** _____
    at home unit   **as cross registrant**

Home Unit Approval :   **Host Unit Approval:**

_____   _____
             Dean   **Department Chair**

_____   _____
           Registrar   **Registrar**

For cross-registration outside UP system:

_____
     VCAA/Chancellor

(Please detach and submit to home unit)

ACKNOWLEDGEMENT

THE REGISTRAR
University of the Philippines Diliman

    This is to certify that _____ has been readmitted

as cross-enrollee this _____ Semester/Academic Year _____ for

_____ units in the College of_____.

_____
     Signature over printed name
   Registrar-Host Unit/Accepting School

Requirements submitted:
    Medical Certificate
    Adviser's certification re: remaining deficiencies (for graduating student only)
    Certificate of scholastic standing from the College Secretary