

Tel. No. 920-8860; 928-3144; 9818500 Loc. 3104

Date: _____

Instructions: Please fill up in duplicate, one copy for the student and the other for the College. Have the student and registration adviser sign and submit the form to the department.

	Underloading Form
Department/Institute:	
Last Name:	
First Name:	
Student Number:	Degree Program:
Semester and Academic Year	of Underloading:
Total Units Registered:	
Main Reason for Underload	ling (please tick) and the necessary supporting documents:
[] Unavailability of subject [] Seasonal subjects [] Not meeting pre-requ [] Other: Supporting document(s) is schedule of classes	uisite course(s)
[] Health reasons Supporting document(s) r Health Service	needed: medical certification to be confirmed by the University
[] Employment Supporting document(s) others, the duration	needed: copy of payroll and appointment papers indicating, among n of employment
[] Other:	
	eded (as determined by the adviser):
the semester of underloading any future appeal for gradu	submit to the College Secretary's Office by the last day of classes of ag the necessary documents to support my reason for underloading nation with honors with belated documentation for underloading will the University Council Committee on Student Admissions, Progress
	Printed Name and Signature of Student
X	Date:
Noted:	
Printed Name and Signature	of Registration Adviser