

UNIVERSITY OF THE PHILIPPINES CEBU
Lahug, Cebu City

Office of the University Registrar

REQUEST TO CROSS-REGISTER

| |
|-------------------------|
| Registration Fee: _____ |
| OR # _____ |
| Date : _____ |

_____ Date

NAME: _____ STUDENT NO. _____
DEGREE PROGRAM & YEAR LEVEL: _____ COLLEGE: _____

I would like to request permission to cross-enroll at _____
for the _____ Semester/Term AY _____ for the following reasons:*

SIGNATURE: _____

| SUBJECTS REQUESTED | UNITS | ADVISER'S VALIDATION | ALTERNATE SUBJECTS | UNITS | ADVISER'S VALIDATION |
|--------------------|-------|----------------------|--------------------|-------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

No. of units registered _____ No. of units applied for _____ Total Load _____
at home as cross registrant

Home Unit Approval:

Dean

University Registrar

Host Unit Approval:

Dean

University Registrar

For cross-registration outside UP System:

VCAA/Chancellor

| |
|---|
| <p>To student: 1) <i>Fill up in duplicate.</i> 2) <i>Please submit to OUR - UP Cebu your UP FORM 5 at the end of the term.</i></p> |
|---|

*Attach supporting documents e.g., medical certificate, adviser's certification re: remaining deficiencies for graduating students.

(Please detach and submit to home unit)

ACKNOWLEDGEMENT

_____ Date

THE UNIVERSITY REGISTRAR
University of the Philippines Cebu
Lahug, Cebu City

This is to certify that _____ has been admitted as a cross-enrollee this _____ Semester/Academic Year _____ for _____ units in the College of _____.

Signature over printed name
University Registrar

Host Unit/Accepting School