

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

Remaining number of semesters to avail of Free Higher Education _____

Home Unit Approval:

Host Unit Approval:

Dean

Dean

University Registrar

University Registrar

For cross-registration outside UP System:

VCAA/Chancellor

<p>To student: 1) Please accomplish two copies. 2) Please submit to the UP Cebu OUR your <u>UP FORM 5</u> at the end of the term.</p>
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*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