REQUEST TO CROSS-REGISTER

NAME: ___________________________ STUDENT NO.: ___________________________

COURSE: ___________________________ YEAR LEVEL: ___________________________

Signature: ___________________________

I would like to request permission to cross-enroll at ___________________________ for
the (term) ___________________________ AY ___________________________ for the following reasons:

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<th>Subject/s requested</th>
<th>Units</th>
<th>Adviser’s Signature</th>
<th>Alternate Subject/s</th>
<th>Units</th>
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No. of units registered at home unit: ______ No. of units applied for as cross registrant: ______

Total Load: ______

Home Unit Approval: ___________________________

Dean

University Registrar, Dilliman

For cross-registration outside UP System:

VCAA/Chancellor

(please detach and submit to home unit)

ACKNOWLEDGEMENT

THE UNIVERSITY REGISTRAR
University of the Philippines Dilliman

This is to certify that ___________________________ has been admitted 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 students only)
- Certification of scholastic standing from the College Secretary