

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-enroll at \_\_\_\_\_ for  
the (term) \_\_\_\_\_ AY \_\_\_\_\_ for the following reasons:•

\_\_\_\_\_  
\_\_\_\_\_

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 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 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 student only)

Certification of scholastic standing from the Collego Secretary