



## Office of the Associate Dean for Mentoring Academic Progress and Advancement

## **GRADUATE OFFICE**

## REQUEST FOR LATE REGISTRATION/ CHANGE TO MATRICULATION / ENROLLMENT / PAYMENT/DROPPING/LOA

Date:			
<b>Dr. Fidel R. Nemenzo</b> Chancellor, University of	the Philippines, Diliman		
Thru Channels:			
Dear Chancellor Nemenz	o:		
□ Late Registratio □ Late Change of □ □ Late Enrollment □ Late Payment o □ Late Payment o □ Late Payment o □ Withdrawal of F □ Cancellation of S □ Late Admission	f Leave of Absence (LOA) Residence	nce) Int from the Faculty handli icate of attendance) nce)	
Respectfully yours,			
Signature over Printed Name Degree P		Program	Student Number
This is to certify the atte	ndance of the student during th	ne Semester of Acado	emic Year
	CERTIFICATE O	F ATTENDANCE	
SUBJECT/S	SCHEDULE OF CLASSES	NUMBER OF CLASSES MISSED	NAME AND SIGNATURE CERTIFIED BY THE FACULTY
Endorsed by:		Endorsed by:	DORAT VII Bh D
Signature over Printed Name Director / Program Coordinator		EIZADORA T. YU, Ph.D. Associate Dean for Mentoring Academic Progress and Advancement	