

## **University of the Philippines** <Constituent University> Request to Cross-Register

Student No.:		Name:			_		_	
Degree Program:				Name L <b>evel:</b>		First Name		Middle Initial
Signature:		Type of cross-registration¹:		Local		_	International	
_			••	•		Student Exchange		Others
I would like to request	permission to cro	ss-register at	1st school	I of choice	_	2nd school of choice	_	
for the (term)	for the (term)Academic Year		ist school of choice		fo	for the following reason/s:		
Number of units re	emaining in		Sa	holastic standing				
the degree progra Number of semes	_		30	noiastic standing				-
remaining under t								
Attested:	<del>-</del>			Certified				
College Secretary		Adviser					-	
Courses Requested <sup>4</sup> U		- ! 4	credited as	Adviser's signature² and remarks, if any			e² and remarks, if any	
				, ,				
	1 1	- 11-1	Dhillion in a st Date or a	Notice for Otrodonto				
OF THE		-	Philippines' Privacy			es to process my p	erson	al and sensitive personal
ERSIT ALL MANAGEMENTS	information, pu		vementioned Privacy					application to shift/transfer/
1908								e and program in the event I
	quality for admi	ission in order for t	he University to comply	with its Charter and L	ірпоіа	tne principle of trans	sparer	cy in the
	Signa	ture over Printed N						
	Sigila	wie over Filited N	arie	Signature of Parent/Guardian over printed name if applicant is a minor		le		
Date:			Date:					

- Medical Certificate (for health reasons)
- Acceptance letter from the host university (for student exchange).
- [2] Adviser's signature here means that the courses will be credited in the student's degree program.
- [3] Have the Host Unit Registrar accomplish this page and submit to the Home Unit (hard copy or email).
- [4] For student exchange: If applicable, submit updated form duly approved by the adviser, one (1) week after start of classes at the host University.
- [5] For student exchange, host unit approval is not applicable
- [6] Only applicable for student exchange (e.g., through the MOVE UP student mobility program)

Home Unit Approval:	•	Host Unit Approval <sup>3 5</sup>		
College Secretary		Department Chair/Institute Director/Progr	am Director	
Dean		College Secretary		
Registrar/Vice Chancellor for Academic Affairs		Registrar		
FOR CROSS-REGISTRATIO	N OUTSIDE OF UP	PSYSTEM:		
Home Unit Vice Chancellor for	Academic Affairs			
Home Unit Chance	ellor <sup>6</sup>			
		ACKNOWLEDGEMENT		
THE UNIVERSITY REGISTR	AR			
Home Unit				
This is to certify that		has been admitted as cross-enro	ollee this	
Academic Year	for _ of		units/credits at the	Semester/Term
Academic Unit		University		
Academic Unit				
Academic Unit				e over printed name