



University of the Philippines
DILIMAN
Request to Cross-Register

Student No.: _____ Name: _____
Last Name First Name Middle Initial

Degree Program: _____ Year Level: _____

Signature: _____ Type of cross-registration¹: ☐ Local ☐ International
☐ Student Exchange ☐ Others

I would like to request permission to cross-register at _____
1st school of choice 2nd school of choice 3rd school of choice
for the (term) _____ Academic Year _____ for the following reason/s: _____

Number of units remaining in the degree program: _____
Number of semesters remaining under the Free Tuition Law: _____
Scholastic standing: _____

Attested: **MARIE CHRISTINE M. OBUSAN, PhD**
College Secretary, College of Science

Certified: _____
Adviser

Courses Requested ⁴	Units	To be credited as elective? (Y/N)	Adviser's signature ² and remarks, if any



I have read the University of the Philippines' Privacy Notice for Students.

I grant my consent and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to shift/transfer/ be admitted as a student of UP [CU].

I likewise consent and recognize UP's authority to post online and/or in UP bulletin boards at its option my name and program in the event I qualify for admission in order for the University to comply with its Charter and uphold the principle of transparency in the

Signature over Printed Name

Date: _____

Signature of Parent/Guardian over printed name if applicant is a minor

Date: _____

[1] Attach applicable requirements:

- ☐ 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:

MARIE CHRISTINE M. OBUSAN, PhD

College Secretary, College of Science

CYNTHIA P. SALOMA, PhD

Dean, College of Science

ROWENA QUINTO-BAILON, PhD

University Registrar

Host Unit Approval^{3 5}

Department Chair/Institute Director/Program Director

College Secretary

Registrar

FOR CROSS-REGISTRATION OUTSIDE OF UP SYSTEM:

MARIA VANESSA LUSUNG-OYZON, PhD

Vice Chancellor for Academic Affairs

EDGARDO CARLO L. VISTAN II, LL.M

Chancellor

ACKNOWLEDGEMENT

**THE UNIVERSITY REGISTRAR
U.P. DILIMAN**

This is to certify that _____ has been admitted as cross-enrollee this _____
Semester/Term
Academic Year _____ for _____ units/credits at the _____
of _____
Academic Unit *University*

*Signature over printed name
University Registrar - Host Unit*