



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-registration<sup>1</sup>:

- ☐ Local ☐ International  
☐ Student Exchange ☐ Others

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

Number of units remaining in  
the degree program: \_\_\_\_\_

Scholastic standing: \_\_\_\_\_

Number of semesters  
remaining under the Free  
Tuition Law: \_\_\_\_\_

Attested: \_\_\_\_\_  
College Secretary

Certified: \_\_\_\_\_  
Adviser

Courses Requested <sup>4</sup>	Units	To be credited as elective? (Y/N)	Adviser's signature <sup>2</sup> 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 Diliman.

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:****Host Unit Approval<sup>3 5</sup>**

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*College Secretary*

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*Department Chair/Institute Director/Program Director*

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*Dean*

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*College Secretary*

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*Registrar/Vice Chancellor for  
Academic Affairs*

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*Registrar***FOR CROSS-REGISTRATION OUTSIDE OF UP SYSTEM:**

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*Home Unit Vice Chancellor for Academic Affairs*

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*Home Unit Chancellor<sup>6</sup>*

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**ACKNOWLEDGEMENT****THE UNIVERSITY REGISTRAR**

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*Home Unit*

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

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*Signature over printed name  
University Registrar - Host Unit*