**UNIVERSITY OF THE PHILIPPINES LOS BAÑOS**

**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:\*

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

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Subjects Request: Units: Adviser’s Validation: Alternate Subjects: Units: Adviser’s Validation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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No. of units registered No. of units applied for

at home unit \_\_\_\_\_\_\_\_\_\_\_\_ as cross registrant \_\_\_\_\_\_\_\_\_\_\_\_ Total Load \_\_\_\_\_\_\_\_\_\_\_\_\_

Scholastic Standing as of Last Enrollment: [ ]  Good Standing [ ]  Warning [ ]  Probation

 [ ]  Dismissed [ ]  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Unit Approval: Host Unit Approval:**

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

 College Secretary (For the Dean) Department Chair

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

 University Registrar University Registrar

**To Student: You may fill up only one form**

\*Attach requirements:

- Medical certificate

- Adviser’s certification re: remaining deficiencies (for graduating students only)

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***(Please detach and submit to home unit)***

**ACKNOWLEDGEMENT**

**THE UNIVERSITY REGISTRAR**

*University of the Philippines Los Baños*

 This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been admitted

as a cross-enrollee this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Academic Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ units in the College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

 Signature over printed name

 **University Registrar – Host Unit**