

COLLEGE OF SCIENCE
University of the Philippines
Diliman, Quezon City

REQUEST TO CROSS-REGISTER

STUDENT NO.: _____ NAME: _____

COURSE: _____ YEAR LEVEL: _____

Signature: _____

I would like to request permission to cross-enroll at _____ for the
(term) _____ A.Y. _____ for the following reasons:

Subjects requested:	Units:	Adviser's Validation:	Alternate Subjects:	Units:	Adviser's Validation
_____:	_____:	_____:	_____:	_____:	_____:
_____:	_____:	_____:	_____:	_____:	_____:

No. of Units registered _____ No. of Units applied for _____ Total Load _____
At home unit as cross registrant

Home Unit Approval:

Host Unit Approval:

Dean

Department Chair

University Registrar, Diliman

Registrar

For cross-registration outside UP System:

VCAA/Chancellor

(please detach and submit to home unit)

ACKNOWLEDGEMENT

THE UNIVERSITY REGISTRAR
University of the Philippines Diliman

This is to certify that _____ has been admitted as
cross-enrollee this _____ Semester/Academic Year _____ for _____ units
in the College of _____

Signature over printed name
Registrar-Host Unit/Accepting School

***Requirements submitted:**

- Medical Certificate
- Adviser's certification re: remaining deficiencies (for graduating students only)
- Certification of scholastic standing from the College Secretary