

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 _____
the (term) _____ AY _____ 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

Registrar

Registrar

For cross-registration outside UP System:

VCAA/Chancellor

(please detach and submit to home unit)

ACKNOWLEDGEMENT

THE 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 student only)
- Certificate of scholastic standing from the College Secretary

