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 semester _____ AY _____ for the following reason/s _____.

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:**

_____   _____

Department Chair   /   College Secretary   /   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