ENROLLMENT FORM

		<u>1st</u> Se	mester, Academic Year 2021 – 20	022 Date:	
A. PERSONAL DATA				EMPLOYMENT:	
STUDENT NUMBER: STUDENT TYPE: Old New Transferee Cross-Enrollee Returnee STUDENT NAME: Last Name, First Name, Middle Name BIRTHDATE: AGE: SEX: CIVIL STATUS: CONTACT NO: COURSE: YR. LEVEL: ADDRESS: EMAIL: PARENT/GUARDIAN: RELATIONSHIP: CONTACT NO: High School Graduate of: School Last Attended:				Company Name Position/Designation B. AUTHORIZATION (List down names whom you authorize to check/verify all your school records) 1	
E. SUBJECT	S FOR ENROLL	MENT			
Day	Time	Subject Code	Subject Desc	cription	No. of Units

NOTES:

1. The schedules of subjects may change under certain circumstances and are subject to the approval of the Dean of Academic

TOTAL NO. OF UNITS

- 2. Non-graduating students can ONLY enroll the maximum prescribed number of units in their course checklist. Overloading of enrolled subjects is not allowed.
- 3. Graduating students can enroll a maximum of 30 units ONLY.

This is to certify that I have studied well my approved course checklist and the guidelines on prerequisites of subjects. Furthermore, the undersigned is willing to pay the amount indicated on the Enrollment Assessment Form on the specified dates to be issued by the Accounting Office. I also certify that all the information given is true and correct. I also agree with the terms of my enrollment as cited in sections C and D of this form.