UNIVERSITY OF THE PHILIPPINES VISAYAS
GRADUATE SCHOOL
General Luna St., Iloilo City 5000 Philippines
Email Address: gs-secretary.upvisayas@up.edu.ph

REQUEST TO CROSS-REGISTER WITHIN U.P.

NAME: _____ DEGREE PROGRAM: _____ YEAR LEVEL: _____

STUDENT NO. _____ EMAIL: _____ CONTACT NO.: _____

I would like to request permission to cross-enroll at _____

for the (term & AY) _____ for the following reason/s:

_____

_____

Subjects Requested	Units	Adviser's Validation	Alternate Subjects	Units	Adviser's Validation

No. of units registered at Home Unit: _____ Total Load: _____
No. units applied for as cross registrant: _____
Remaining number of semesters to avail of the Free Higher Education: _____

_____
Student's Signature

Home Unit Approval

_____
Dean

_____
Registrar

Host Unit Approval

_____
Dean

_____
Registrar

(Please detach and submit to home unit)

ACKNOWLEDGMENT

THE UNIVERSITY REGISTRAR
UP Visayas
Miagao, Iloilo

This is to certify that _____ has been admitted as a cross-enrollee this _____ Semester/Trimester, Academic Year _____ for _____ units in the _____.

_____
Signature over printed name
Registrar-Host Unit/Accepting School

Required Attachments: ***(Please check if submitted)***

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