

University of the Philippines
OPEN UNIVERSITY

PERMIT TO CROSS REGISTER

STUDENT NUMBER: _____
DEGREE/PROGRAM: _____
LEARNING CENTER: _____

NAME: _____
YEAR/LEVEL/BATCH: _____
SIGNATURE: _____

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

Subject requested: Units:
_____ _____

Subject requested: Units:
_____ _____

In case slots will not be available, s/he is authorized to enroll in the following alternative subjects:

Alternate subject: Units:
_____ _____

Alternate Subject: Units:
_____ _____

It is understood that one copy of the final certificate of registration form (UP Form 5 Dean's copy) will be forwarded to UPOU after the registration period.

HOME UNIT APPROVAL

Dean

Registrar

HOST UNIT APPROVAL

Dean

Registrar

FOR CROSS REGISTRATION OUTSIDE UP SYSTEM:

Vice Chancellor for Academic Affairs/ Chancellor

(Please detach and submit to home unit)

ACKNOWLEDGEMENT

THE REGISTRAR
UP Open University

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

Subjects requested: Units:
_____ _____
_____ _____

Signature over printed name
Registrar – Host Unit/Accepting School

NOTE: This permit will be presented to the University Registrar of the Host-Unit/Accepting School for appropriate action. If approved, the student enrolls the approved subjects during the scheduled registration. At the end of the registration, the student submits the Dean's copy of the Form 5 to his/her mother unit.