

**UNIVERSITY OF THE PHILIPPINES MANILA
REQUEST TO CROSS-REGISTER**

STUDENT NO. _____ NAME _____
 COURSE _____ YEAR LEVEL _____
 SIGNATURE _____

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

Subject requested	Units	Adviser's Validation	Alternate Subject	Units	Adviser's Validation
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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

 University Registrar

 University Registrar

For Cross-registration outside UP System:

 VCAA/Chancellor

(please detach and submit to home unit)

ACKNOWLEDGEMENT

THE UNIVERSITY REGISTRAR
 University of the Philippines Manila

This is to certify that _____
 Has been admitted as a 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 graduation students only)
- Certification of scholastic standing from the College Secretary