



Republic of the Philippines
POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
 OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS
OPEN UNIVERSITYSYSTEM

APPLICATION FOR CROSS-ENROLLMENT

I hereby apply for cross-enrollment in the following subjects courses this _____ semester, S.Y. _____ to _____, in the Main/Pamantasang Bayan _____ for the following reasons: _____

COURSE CODE	COURSE TITLE	UNIT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

No. of units originally enrolled in based on registration certificate : _____
 No. of units to be cross-enrolled : _____
 Total No. of units enrolled : _____

STUDENT
SIGNATURE OVER PRINTED NAME

Student No.: _____
 Program: _____
 Center: _____

Permit to cross-enroll issued up to a maximum of _____ units only.

REGISTRAR
SIGNATURE OVER PRINTED NAME

This is to certify that: _____ has been admitted to cross-enroll this _____ semester/summer for _____ units in the Main/Pamantasang Bayan _____

DEAN/DIRECTOR/PROGRAM CHAIR
SIGNATURE OVER PRINTED NAME