



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

PERMIT TO CROSS-ENROLL

The REGISTRAR AND ADMISSION OFFICER

Thru: _____
 Program Chair

 Program

Dear Sir/Madam:

May I request permission to cross-enroll the following subject/s in the _____
 this _____ semester/summer, S.Y. 20____ - _____.

Subject/s to be cross-enrolled		
Course Code	Course Title	Units

Reason for cross-enrollment: _____

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

I am aware that I am not allowed to enroll in advance courses. I am hoping for your favorable actions on this request.

Very truly yours,

 Signature above printed name of student

RECOMMENDING APPROVAL/DISAPPROVAL *provided total number of units carried does not exceed 18 units for regular semester or 6 units for summer except for authorized over load of ___ units.*

 Program Chair
 Signature over printed name

Cross enrollment is:

APPROVED DISAPPROVED

 Accepting School Registrar/Admission Officer