

REGISTRATION DATE: .../...../.....

Ref. No. (REG 07)

Application for Enrollment of Study

Student's Name:
(as in the ID)

Identity Card No.:

Current Address:

.....

.....

Phone No. (Hse):

Phone No. (H/P):

Year/Semester:

Intake:

Major:

State the semester to be enrolled:

1	2	3	4	5	6	7	8
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Student's Signature:

Recommendation by the Dean of the Faculty

Approved Rejected

Name:

Signature and Official Stamp: Date:

Finance Department	Registrar	Registration & Admission
Signature: _____	Signature: _____	Signature: _____

NOTES

1. The student is allowed to continue his/her study unless there is available semester.
2. This form must be completed in 3 copies:
 - One copy for the Dean of the Faculty.
 - One copy for Finance Department.
 - One copy for student's file.
3. Incomplete form will NOT be accepted and will be returned to the student.
4. To be submitted not later than 2 weeks after the semester started.