



University of Southeastern Philippines

APPLICATION FOR CROSS-REGISTRATION

Request is hereby made for a permit to allow the undersigned to cross-enroll this _____ semester / summer, 20__ in _____ College / University for the following reasons: _____.

Schedule of classes in the UNIVERSITY OF SOUTHEASTERN PHILIPPINES – CAS Obrero Campus, Davao City is:

Course No.	Units	Time	Days	Course No.	Units	Time	Days
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

My schedule of classes in the _____ College / University is:

There is a gap _____ minutes / hour between my classes in USEP – CAS and my classes in _____ College / University. My total study load in both schools is _____ units. (No violation of subject sequence and pre-requisite)

(Name and Signature)

(Course & Year)

.....
(USEP)

1st ENDORSEMENT

Respectfully forwarded to the Registrar, _____ College / University with the information that the student is granted authority to cross-enroll in the subject (s) indicated above.

Registrar, USEP
Date: _____

Dean, CAS
Date: _____

.....
(Second School)

2ND ENDORSEMENT

Respectfully returned to the Registrar, University of Southeastern Philippines with the information that admission of the student will not cause oversized classes. I obligate to forward to your office the supplementary transcript of subject (s) grades of the student within one week after the close of the semester / term.

Registrar, _____
Date: _____

