



Republic of the Philippines
University of Southeastern Philippines

Iñigo St., Bo. Obrero, Davao City 8000
 Telephone: (082) 227-8192 loc 239-240
 Website: www.usep.edu.ph
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PERMIT TO CROSS-ENROLL
 (To other College/University)

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

_____.

Schedule of classes in the UNIVERSITY OF SOUTHEASTERN PHILIPPINES – College of _____, _____ Campus is/are:

Course No.	Course Title	Units	Time	Day

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

Course No.	Course Title	Units	Time	Day

(maximum of 6 units only)

There is a gap of _____ minutes/hour between my class/es in _____ and my class/es in _____ College/University. My total study load in both schools is _____ units. **(No violation of course sequence and pre-requisite)**

 Student's Signature over Printed Name

 Program/Major and Year

Recommending approval:

Approved:

 Program Head

 Dean

1st INDORSEMENT

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

Registrar: _____

Date: _____

2nd INDORSEMENT

Respectfully forwarded to the Registrar, USEP _____ Campus with the information that admission of the student will not cause oversized classes. I obligate to forward to your office the supplementary transcript of course grades of the student within one week after the close of the semester/term.

Registrar, Second School: _____

Date: _____