

University of Southeastern Philippines

*College of Education*

**PRE-REGISTRATION FORM**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SEMESTER** | **SCHOOL YEAR** | **SEX** | **TYPE** | **SCHOLARSHIP** |
| **[ ] 1st SEM**  **[ ] 2nd SEM**  **[ ] OFF SEM** | **20\_\_\_ - 20\_\_\_\_\_** | **[ ] MALE**  **[ ] FEMALE** | **[ ] OLD STUDENT**  **[ ] NEW STUDENT**  **[ ] TRANSFEREE** |  |

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| **Subject ID** | **Subject Description** | **Units** | **Days** | **Time** | **Room** |
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CHECK THE BOX TO INDICATE THE TYPE OF STUDENT:

**NON- PAYING STUDENT** (Students who avail the free tuition and other benefits under RA 10931 and commit to comply with the return service under the act.)

**PAYING STUDENT** (student who voluntarily opt out of the free higher education provision.

**PAYING STUDENT** (18 yrs. Old and above)

**PAYING STUDENT** (17 YRS. Old below)

I hereby declare that, as a parent of minor, I am fully aware of the Republic Act 10931 (Universal Access to Quality Tertiary Education of 2017) and all the privileges and responsibilities accorded and mandated to my child under this Act. However, my child voluntarily opts out of the free higher education provision. Thus, I hereby agree that my child shall waive all the benefits for the \_\_\_\_\_\_ Semester of the School Year \_\_\_\_\_\_\_\_\_\_\_\_\_ for the reason that we are capable of paying for his/her tuition and other related school fees.

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Signature over Printed Name of Parent/Guardian Date

**Approved by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Signature over Printed Name of Head/Adviser

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_