



APPLICATION FOR ADDITIONAL SUBJECTS FOR MANUAL ENROLLMENT

1st Semester

2nd Semester

School Year: _____ - _____

Full Name: _____ **Student No.:** _____

Contact No./Email: _____ **Year Level:** _____

SUBJECT/S	UNITS	CLASS SCHEDULE	REMARKS
ENLISTED SUBJECT/S			
1.			
2.			
3.			
4.			
5.			
ADDITIONAL SUBJECT/S			
1.			
2.			
3.			
4.			
5.			
TOTAL UNITS OF LOAD BEFORE REVISION		TOTAL UNITS OF LOAD AFTER REVISION	

REASON/S GWA Deficiency Year Level Other Reason/s: _____
 Overload Conflict Schedule _____
 Documents Deficiency Pre-requisite _____

NOTE: * The student undertakes that any revision applied for shall be in accordance with the required sequence of subjects under the approved curriculum. Subjects enrolled in violation of sequence of subjects shall be given no credit.

Received by: _____

Date: _____

Assesed by: _____

Date: _____

Remarks: _____

Student's Signature