ENROLLMENT ADVISING FORM

DATE	
SEMESTER	☐ 1ST ☐ 2ND ☐ SUMMER
SCHOOL YEAR	_____ TO _____
PERSONAL INFORMATION	
LAST NAME	
FIRST NAME	
MIDDLE NAME	
CHINESE NAME	
GENDER	☐ MALE ☐ FEMALE
BIRTHDATE (mm/dd/yyyy)	
BIRTHPLACE	
ACADEMIC INFORMATION	
STUDENT NUMBER	
YEAR LEVEL	
COURSE	
MAJOR	
CONTACT INFORMATION	
TELEPHONE NUMBER	
MOBILE NUMBER	
E-MAIL ADDRESS	
ADDRESS	

SUBJECTS TO BE ENROLLED IN

COURSE CODE	SEC.	UNITS	DAY/S	TIME	APPROVAL

REQUEST TO ENROLL IN ADDITIONAL UNITS

COURSE CODE	SEC.	UNITS	DAY/S	TIME	APPROVAL

REASON/S FOR REQUEST TO ENROLL IN ADDITIONAL UNITS

☐ Graduating this semester:
___ Semester SY _____ to _____
☐ Graduating next semester:
___ Semester SY _____ to _____
☐ Subject was not offered last semester
☐ Shifted from _____
☐ Others : _____

TOTAL NO. OF UNITS APPROVED	_____ **ACADEMIC** _____ **NON-ACADEMIC**

	NAME	SIGNATURE	DATE
STUDENT			
DEAN			
ENCODER			
ASSISTANT REGISTRAR			

COMMENTS/ REMARKS
(FOR OFFICE USE ONLY)

ASSESSMENT		**ASSESSED BY**		**DATE**	