

ENROLLMENT ADVISING FORM (OJT/ INTERNSHIP/ PRACTICUM)

DATE			
SEMESTER		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> SUMMER	
SCHOOL YEAR		_____ TO _____	
<b>PERSONAL INFORMATION</b>			
LAST NAME			
FIRST NAME			
MIDDLE NAME			
CHINESE NAME			
GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
BIRTHDATE (mm/dd/yyyy)			
BIRTHPLACE			
<b>ACADEMIC INFORMATION</b>			
STUDENT NUMBER			
YEAR LEVEL			
COURSE			
MAJOR			
<b>CONTACT INFORMATION</b>			
TELEPHONE NUMBER			
MOBILE NUMBER			
E-MAIL ADDRESS			
ADDRESS			
<b>STUDENT ORG MEMBERSHIP</b>	<b>INCLUSIVE YEARS</b>		<b>STUDENT ORGANIZATION/S</b>

SIGNATURE OF STUDENT/ DATE	
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CORE BUSINESS/ PROFESSIONAL/ ELECTIVE SUBJECTS COMPLETED			
SUBJECT/ COURSE CODE		INSTRUCTOR	GSE
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
TOTAL NUMBER OF UNITS COMPLETED (AS PER CURRICULUM)			
SEMINARS ATTENDED			
	DATE (mm/dd/yyyy)	TITLE OF SEMINAR	ORGANIZER
<b>INSIDE CKS COLLEGE</b>			
<b>OUTSIDE CKS COLLEGE</b>			
VERIFIED & CHECKED BY (REGISTRAR'S OFFICE PERSONNEL)		APPROVED BY (DEAN)	
SIGNATURE OVER PRINTED NAME/ DATE		SIGNATURE OVER PRINTED NAME/ DATE	
ASSESSED AMOUNT		PAYMENT RECEIVED BY (CASHIER)	
		SIGNATURE OVER PRINTED NAME/ DATE	