



菲 律 濱 中 正 學 院

Chiang Kai Shek College

ENROLLMENT ADVISING FORM

DATE	
SEMESTER	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> SUMMER
SCHOOL YEAR	_____ TO _____
PERSONAL INFORMATION	
LAST NAME	
FIRST NAME	
MIDDLE NAME	
CHINESE NAME	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> 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					
<input type="checkbox"/> Graduating this semester: ___ Semester SY ___ to ___ <input type="checkbox"/> Graduating next semester: ___ Semester SY ___ to ___ <input type="checkbox"/> Subject was not offered last semester <input type="checkbox"/> Shifted from _____ <input type="checkbox"/> Others : _____					
TOTAL NO. OF UNITS APPROVED				_____ ACADEMIC _____ NON-ACADEMIC	

	NAME	SIGNATURE	DATE
STUDENT			
DEAN			
ENCODER			
REGISTRAR'S OFFICE			

COMMENTS/ REMARKS (FOR OFFICE USE ONLY)

ASSESSMENT		ASSESSED BY		DATE	
------------	--	-------------	--	------	--