

ENROLLMENT ADVISING FORM (OJT/ INTERNSHIP/ PRACTICUM)

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		
STUDENT ORG MEMBERSHIP	INCLUSIVE YEARS	STUDENT ORGANIZATION/S

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"/>			
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<input type="checkbox"/>			
<input type="checkbox"/>			
TOTAL NUMBER OF UNITS COMPLETED (AS PER CURRICULUM)			
SEMINARS ATTENDED			
	DATE (mm/dd/yyyy)	TITLE OF SEMINAR	ORGANIZER
INSIDE CKS COLLEGE			
OUTSIDE CKS COLLEGE			
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	