

**MSU- ILAGAN INSTITUTE OF TECHNOLOGY
OFFICE OF THE REGISTRAR**

POSTAL ADDRESS: P.O. Box 5644, 9200 Iligan City *URL: <http://www.msuil.edu.ph>
Telephone/Telefax: (093) 223-3794 Email: registrar@msuil.edu.ph

**ACADEMIC LOAD
REVISION PERMIT**

Accomplish in 3 copies. Entries must be legible preferably in print. Check blank space before needed information.
Attach required documents as directed.

PART 1 ☒ 1ST Semester ☐ 2ND Semester ☐ Summer Term School Year 2010-2011

PART 2 FULL NAME (Family, Given, Middle) Cebalano, Christine Marie, Tabanera I.D. No. 2005-1539 Date June 9, 2010

PART 3 COLLEGE/SCHOOL School of Graduate Studies DEPARTMENT Physics COURSE & YEAR MS Physics II

PART 4 REVISION(S) REQUESTED
☐ Change Course/Major from: _____ to: _____

PART 5 WITHDRAWN FROM ALL SUBJECTS. (Attach letter stating reasons, and Student Copy of the Certificate of Registration)
☐ NO NEED to fill Part 6 of this form.

PART 6 WITHDRAWN FROM following subject(s).
☐

COURSE NO. & SEC.	DESCRIPTIVE TITLE OF COURSE	UNITS	HR./WK.	PROFESSOR

PART 7 ADD the following subject(s):
☒

COURSE NO. & SEC.	DESCRIPTIVE TITLE OF COURSE	UNITS	HR./WK.	PROFESSOR
Phys 295 H3	Graduate Seminar	2	4 hrs/wk	Dr. Ray Vaguirza Rynaldo Vaguirza

PART 8 TOTAL LOAD before Revision

☒ 8 units; 6 hours/week

TOTAL LOAD after Revision

☒ 10 units; 10 hours/week

PART 9 REASONS for Load Revision

☐ Conflict of Schedule ☐ Subjects Abolished ☒ Ill Advised

If other reason, explain briefly: _____

STUDENT applying for Load Revision, sign here:
 DO NOT WRITE BELOW THIS LINE


 (Student's Signature)

PART 10 APPROVALS by the Faculty and Officials (Please print names along legible signatures.)

Advisers SALASA & NAWANG Date: _____ Assessment Php _____
 Dept. Chairman SALASA & NAWANG Date: _____ O.R. No. _____
 DEAN JERSON H. GREGILLOS Date: _____
Jinky B. Bornales, PhD.

REGISTRAR A. S. C. / R. W.

Accomplish in 3 copies. Entries must be legible preferably in print. Check blank space before needed information.
Attach required documents as directed.

PART

1 ☒ 1ST Semester ☐ 2ND Semester ☐ Summer Term School Year 2010-2011

PART FULL NAME (Family, Given, Middle)

2 Cebalano, Christine Marie, Tabanera

I.D. No.

2005-1539

Date

June 9, 2010

PART COLLEGE/SCHOOL

3 School of Graduate Studies

DEPARTMENT

Physics

COURSE & YEAR

MS Physics II

PART REVISION(S) REQUESTED

4 ☐ Change Course/Major from: _____
to: _____

PART WITHDRAWN FROM ALL SUBJECTS. (Attach letter stating reason and Student Copy of the Certificate of Registration)

5 ☐ NO NEED to fill Part 6 of this form.

PART WITHDRAWN FROM following subject(s).

6 ☐

COURSE NO. & SEC.	DESCRIPTIVE TITLE OF COURSE	UNITS	HR./WK.	PROFESSOR

PART ADD the following subject(s):

7 ☒

COURSE NO. & SEC.	DESCRIPTIVE TITLE OF COURSE	UNITS	HR./WK.	PROFESSOR
<u>Phys 295 43</u>	<u>Graduate Seminar</u>	<u>2</u>	<u>4</u>	<u>Rynaldo Vergara</u>

PART TOTAL LOAD before Revision

8 ☒ 8 units; 6 hours/week

TOTAL LOAD after Revision

☒ 10 units; 10 hours/week

PART REASONS for Load Revision

9 ☐ Conflict of Schedule ☐ Subjects Abolished ☒ Ill Advised

If other reason, explain briefly: _____

STUDENT applying for Load Revision, sign here:

DO NOT WRITE BELOW THIS LINE

(Student's Signature) DOST

PART APPROVALS by the Faculty and Officials (Please print names along legible signatures.)

10

Advisers SALASA NAWANG Date: _____ Assessment Php _____

Dept. Chairman SALASA NAWANG Date: _____ O.R. No. _____

DEAN JERGEN M. ORTIZ Date: _____

Jinky B. Bernaldez, PhD.

REGISTRAR 6/9/10