PRE-REGISTRATION FORM
(UG RETURNEE OR CONTINUING STUDENT)

DATE		**TERM:**	

STUDENT ID NUMBER:	
NAME (Last Name, First Name Middle Name)	
MAIDEN NAME: IF MARRIED FEMALE USING HUSBAND'S FAMILY	

TYPE OF STUDENT: ( ) Continuing; ( ) Readmitted ( )Shifter; ( ) Readmitted & Shifter	**YEAR LEVEL:**	*Refer also to the Year Level indicated in the Academic Advising Section*
DEGREE:	**MAJOR IF APPLICABLE**	*Refer also to the Year Level indicated in the Academic Advising Section*
Candidate for Graduation this semester?	**End of Term/ Semester to Finish Degree Program**	
STATUS (Regular or Irregular)	**Last Term/ Semester of Enrollment Degree Program**	
DATE OF BIRTH:	**PLACE OF BIRTH:**	
CITIZENSHIP:	**Sex at Birth**	
ETHNICITY/ TRIBAL AFFILIATION:	**SPECIAL NEED/S**	
CONTACT NUMBER:	**EMAIL ADDRESS:**	
PERMANENT ADDRESS:		
ADDRESS WHILE STUDYING AT BSU:		

PERSON TO BE CONTACTED IN CASE OF EMERGENCY			
Complete Name:		**Contact Number:**	
Address:		**Relationship:**	

INSURANCE COVERAGE: As per CHED-DOH Joint Memorandum Circular No. 2021 – 001: VI.J.

Are you registered by a health facility with PhilHealth or equivalent medical insurance that covers medical expenses related to CoVID-19?	*CoVID-19 Vaccination Status*	
Are you a DEPENDEDNT of your Mother/Father/Legal Guardian of a health facility with PhilHealth or equivalent Medical insurance that cover's Medical Expenses related to CoVID-19?		

DIGITAL COMMUNICATION AND LITERACY: *CHED Memorandum Order Number 04, Series of 2020: GUIDELINES ON THE IMPLEMENTATION OF FLEXIBLE LEARNING*

Category[1]	
Level of Digital Literacy[2]	

AVAILMENT OF THE FREE HIGHER EDUCATION:

STUDENT	Will you avail of the Free Higher Education?	Please check: YES ( ) NO ( )	Would you like to voluntarily Contribute any amount to BSU?	Please check: YES ( ) NO ( )	Amount (If YES, indicate amount)	

COLLEGE	Did the student complied with the Admission Policy (**Yes** | **No**). If No, not eligible to Avail Free Higher Education for t he current Semester/Term Note: Admission and Retention Policy approved on November 8, 2021.	

ACADEMIC ADVISING: AT THE COLLEGE

Curriculum to be used: _____

Select from the list of encoded curricula under Student Evaluation in SIAS
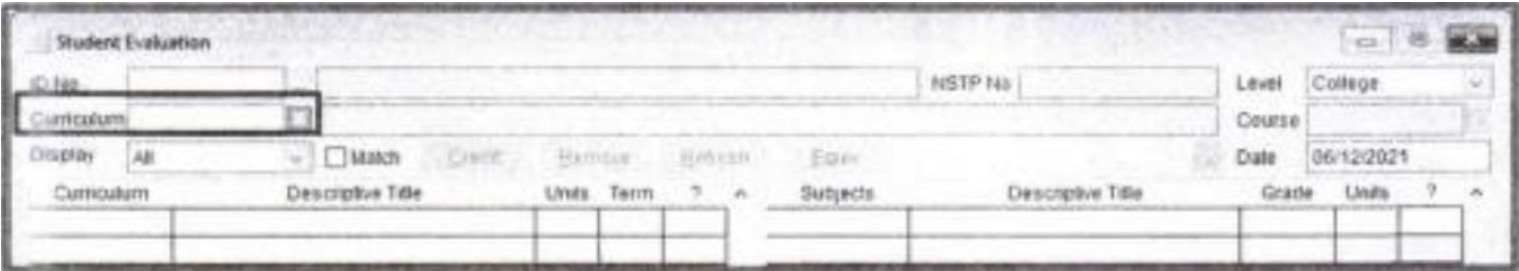
Major if applicable and as per Evaluation _____ Year Level as per Evaluation: _____

Does Student need to process Readmission Form: _____ Does Student need to process Shifting Form: _____

END OF RESIDENCY: _____

SECTION/COURSE/S TO BE ENROLLED: FOR REGULAR STUDENTS

SECTION		Courses to be EXCLUDED (if applicable)	
		Total No. of Units	

COURSE/S TO BE ENROLLED: FOR IRREGULAR STUDENTS

CLASS CODE	COURSE CODE	UNIT/S	Back course/ subject, write **BC**, and if it is an **advanced subject/course**, write **AC**	Substitute Course (Y/N)	Substituted Course From (Descriptive Title)	Substituted Course To (Descriptive Title)
Total No. of Units						

I/We hereby certify that the above information is correct and accurate. Enrollment details have undergone thorough academic advising. Substitute Course(s) if applicable has (have) been indicated.

Verified:

Confirmed:

_____
Enrollment Adviser
Signature over printed name
Date: _____

_____
Dept. Chairperson/Dean
Signature over printed name
Date: _____

DATA PRIVACY NOTICE:
Pursuant to the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) and the BSU Data Privacy Policy, personnel from the Office of the University Registrar – La Trinidad Campus and the Colleges are committed to keep with utmost confidentiality all sensitive personal information collected from students. Personal Information are collected, accessed, used, and disclosed on a "need to know basis" and only as may be reasonably required. Confidential information either within or outside the University will not be communicated except to persons authorized to receive such information. Authorized hardware, software or other authorized equipment shall be used only in accessing, processing, and transmitting such personal information.
Read more on BSU Data Privacy Policy: https://bit.ly/3gkhzGl

STUDENT'S AGREEMENT, CONSENT AND AUTHORIZATION:
I understand the above mentioned Data Privacy Notice of Benguet State University (BSU) and consent to the collection and official use of my personal information through this medium (google form) for all legal purposes. I understand that the Office of the University Registrar and the Colleges will abide to the policy as mentioned above except for cases not within their control. I give my full consent to Benguet State University – Office of the University Registrar (BSU-OUR) to provide and/or verify necessary and relevant data pertaining to my student records, including but not limited to my academic records to prospective job opportunities and other legal purposes. I give my full consent to BSU-OUR to capture my photo and to use/attach the same to my Official Transcript of Records (OTR) as part of my academic record and for legal purposes.

RECOGNITION OF BSU'S ADMISSION AND RETENTION POLICIES:
I am fully aware of the Admission and Retention Policies of Benguet State University and other related policies promulgated by government regulatory agencies, thus, hereby undertake to abide by the same.
That my failure to do so would entail adverse consequences such as curtailment/ forfeiture of some or all benefits or/and privileges due me thereunder.

_____   _____
Student's signature   Date

ENCODED BY:

ENCODED ON:

DIGITAL COMMUNICATION AND LITERACY
Category: [1]
High Level Technology: Availability of Devices-laptops, mobile phones, tablets, desktops, Internet Connectivity-Fast
Medium Level Technology: Availability of Devices-Mostly available phones, Internet Connectivity-Slow
Low Level Technology: Availability of Devices-some mobile phones or no technology, Internet Connectivity-Poor or no Internet Connection

Level of Digital Literacy: [2]
Proficient
Advanced
Beginner