



REPUBLIC OF THE PHILIPPINES
POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
OFFICE OF THE UNIVERSITY REGISTRAR
STA. MESA, MANILA

CONTROL NO.:

APPLICATION FOR CHANGE OF ENROLLMENT
ACE FORM

CHANGE OF SCHEDULE/SUBJECT

INSTRUCTIONS: READ AND FOLLOW THE STEPS CAREFULLY

- Fill-out all blank spaces provided in this form with appropriate information; Write N/A if not applicable
- Write the details of subject to change in the FROM and TO section
- Place your signature above your printed name (located at the lower-right portion of this form)
- Every filled-up row must be signed by the Chairperson
- This form must be signed with date by the Dean / Chairperson
- Proceed to your Department for TAGGING of the necessary changes. (After tagging, open your SIS Account to check if the necessary changes were done and correct)
- Go to the Accounting Student Services (South Wing, Ground Floor) for the assessment and tagging of necessary fee/s
- For students not covered by R.A. 10931: Pay the assessed fee at the SIS Window in the Cashier's Office (South Wing, Ground Floor)
- Photocopy this form and official receipt (for students not covered by R.A. 10931), and submit the Original Copy to the Registrar's Office, one (1) photocopy to the Department, and ALWAYS keep a personal copy

[1] PLEASE WRITE LEGIBLY

COLLEGE/INSTITUTE:			APPLICATION DATE:	mm/dd/yyyy
STUDENT NUMBER:				
NAME OF STUDENT:				
COURSE/YR/SECTION:	ACADEMIC YEAR: 20__ - 20__		<input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/> Summer	
REASON/S:				

[2] FROM:		[4]				[6]	
CODE		COURSE, YEAR & SECTION	DAY	TIME	ROOM	UNITS	TAGGED BY: SIGNATURE OVER PRINTED NAME AND DATE
1.							
2.							
3.							

[2] TO:		[4]				[6]	
CODE		COURSE, YEAR & SECTION	DAY	TIME	ROOM	UNITS	TAGGED BY: SIGNATURE OVER PRINTED NAME AND DATE
1.							
2.							
3.							

This form will only be processed if filled-up properly and completely during the adjustment period.

Number of units and hours (originally enrolled) :
based on Registration Certificate :
Number of units and hours added :
Total number of units and hours enrolled :

I hereby apply for a change in my enrollment as stated in this form, subject to the existing rules and regulations of the University.

[5] APPROVED BY: _____ [3] _____
DEAN / CHAIRPERSON SIGNATURE OVER PRINTED NAME OF STUDENT

DATE: _____

ACKNOWLEDGED BY THE OFFICE OF THE UNIVERSITY REGISTRAR			
Name :	_____	Official Receipt Number:	_____
Signature :	_____	Amount Paid:	_____
Date :	_____	Date:	_____