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OFFICE OF THE UNIVERSITY REGISTRAR

RO Form 2B
Pilot Form only

REGISTRATION FORM

for continuing students

STUDENT PERSONAL DATA:						Date: _____	
(Last Name)		(First Name)		(Middle Name)			
Home Address:				Contact No:			
Congressional District:		City Address:		E-mail Address:			
QS & World THE needed data: Are you the First Generation Student starting a degree? YES _____ NO _____							
(A first generation student is one who reports, he/she is the first person in their immediate family to attend university at any level.)							
" I hereby certify that all entries are true and correct. I do solemnly swear to abide with the laws, policies, rules and regulations set forth by the University."							
						Student's Signature over Printed Name	
STUDENT LOAD:							
ID Number:		Program:		Major:		Year Level:	
School Year:		Semester: [] 1 st [] 2 nd [] Summer Term		Enrolment Status: [] Regular [] Irregular			
Student Status: [] Continuing [] Returnee [] Shiftee [] Cross Enrollee				BLOCK SECTION:			
MIS Code	Subject Code	Descriptive Title		Time	Days	Room	Units
Note: ONLY Irregular students will fill out this section.							
EVALUATED AND APPROVED BY:							
College Dean/ Enrollment Committee:				Evaluation date:		Total Units:	
MEDICAL CLINIC (Physical Examination)		MIS OFFICE (Encoding of Class Schedules Assessment of Student Load)		CASHIER'S OFFICE (Payment of School Fees)			
_____ School Physician/Nurse		_____ MIS Officer		_____ Cashier			
NSTP OFFICE (Enlistment for those who will be taking CWTS OR ROTC)		PTA OFFICE (Payment of membership/special project/ group accident insurance)		REGISTRAR'S OFFICE (Submission of registration form and credentials Printing of Certificate of Registration)			
_____ Director		_____ PTA Officer		_____ Registrar			