



Republic of the Philippines  
Southern Luzon State University  
Lucban, Quezon

REQUEST FOR CROSS-ENROLLMENT

Date

The University Registrar  
Southern Luzon State University  
Lucban, Quezon

Thru: \_\_\_\_\_  
Dean, \_\_\_\_\_

Dear \_\_\_\_\_:

May I request to cross-enroll the following subject(s):

SUBJECTS	Units
_____	_____
_____	_____

My reason for cross-enrollment is/ are \_\_\_\_\_

Attached is my course curriculum with grades on the subjects taken for your evaluation.

Respectfully yours,

Student (Signature over Printed Name)

Evaluated by:

Recommending Approval:

(Signature over Printed Name)  
Program Chairman

(Signature over Printed Name)  
Dean, College of \_\_\_\_\_

Approved/ Disapproved:

(Signature over Printed Name)  
University Registrar