



PERMIT TO CHANGE COURSE/S

Document Code:	QF-OUR-05	Revision Number:	2
Effectivity:	July 12, 2019	O.R. No.	

Name: _____ Family Name _____ Given Name _____ Middle Name _____ ID No. _____ OUR use only Date Received: _____

Degree and Year: _____ Term: () 1st Sem () 2nd Sem () Mid-Year School Year _____
REASONS: [] Conflict of Schedule with job assignment [] Course/s not in accordance with the curriculum/ Plan of Coursework
[] Others:

COURSE(S)					
FROM		CHANGE TO		Prerequisite(s)	Name and Signature of Faculty Member
Class code	Course no.	Class code	Course no.		
				() None () Taken	
				() None () Taken	

I hereby agree to abide by the rules and regulations on the changes of matriculation.

Endorsed: _____ Approved: _____

Student's Signature	Department Chairperson (Signature over Printed Name)	Dean/Director (Signature over Printed Name)	Registrar (Signature over Printed Name)
Date: _____	Date: _____	Date: _____	Date: _____

OUR Copy

Encoded: _____



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