

PERMIT TO ADD COURSE/S

-Hactinity 19 2010	DOCUMENT COCK: CT-COK-US REVISION NUMBER:
	O.R. No.

Name. Family Name	Given Name	ID No.		Date Received:	
Not offered du	î		id-Year School Year	l Year	
C Transport		ulum [] Others (specify):			
Class Code Course No.	Course Title	Prerequisite(s)	r (S)	PACULIT MEMBER (Signature over printed name)	Date
		None Taken Not Taken			
		None [] Taken			
]None [] Taken			
I agree to pay the increase of matriculation.	l certify that the additional units is within the allowable total units of the	Approved :			
	degree program for the semester.		College Dean/	College Dean/ Institute Director (Signature Over Printed Name)	Date
swoents signaane Date:	Department Chairperson (Strauthe Over Printer Name)		Re	Registrar	Date
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	PERMIT TO ADD COURSE/S		Document Code: Effectivity:	QF-OUR-06 Revision Number.	ber 3
Name:		ğ		7	
Family Name Degree and Year.		in No.	Uate id-Year School Year	Uate Received:	
REASONS: [] Not offered during regular enrollment period	-	- 1	1		
Class Code Course No.	Course Title	Prerequisite(s)	F GS)	FACULTY MEMBER (Signature over printed name)	Date
] None [] Taken] Not Taken			
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I agree to pay the increase of matriculation.	toertify that the additional unit/s is within the allowable total units of the	Approved:			
	degree program for the semester.		College Dean/ (Signature Ov	College Dean/ Institute Director (Signature Over Printed Name.)	Date
Student's Signature					
Date: ACCOUNTING OFFICE Copy	Department Chairperson (Signature Over Printed Name)	Encoded:	Re	Registrar	Dafts
	PERMIT TO ADD COURSEIS		Document Code:	QF-OUR-06 Revision Number.	Der. 3
			Effectivity:	July 12, 2019 0.R. No.	$\ \ $
Name: Family Name	Given Marre	ID No.		Date Received:	
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Class Code Course No	OURSE (S) TO ADD	Prerequisite(s)		FACULTY MEMBER	Date
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agree to pay the increase of matriculation.	l certify that the additional unit's is within the allowable total units of the degree program for the semester	Approved :			
Student's Signature			College Dean/ (Signeture Ov	College Dean/ Institute Director (Signature Over Printed Namo.)	Date
Date:	Department Chairperson (Signature Over Printed Name)	Encoded	Re	Registrar	Date
MOTHER COLLEGE! ACADEMIC INSTITUTE COPY	C INSTITUTE COPY				Date