



University of Southeastern Philippines
Office of the University Registrar

College/School: _____

PRE-REGISTRATION FORM

Name: _____ Id No: _____
Course: _____ Major: _____

Semester	School Year	Sex	Type	Scholarship
<input type="checkbox"/> 1 st Sem <input type="checkbox"/> 2 nd Sem <input type="checkbox"/> Off Sem	20____ - 20____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Old Student <input type="checkbox"/> New Student <input type="checkbox"/> Transferee	Kindly indicate:

Subject ID	Subject Description	Units	Days	Time	Room

CHECK THE BOX TO INDICATE THE TYPE OF STUDENT:

- ☐ **NON-PAYING STUDENT** (Students who avail the free tuition and other benefits under RA 10931 and commit to comply with the return service under the act.)
- ☐ **PAYING STUDENT** (Students who voluntarily opt out of the free higher education provision.)

Approved by:

Student's Signature
Date Signed: _____
Student Mobile No.: _____
Email address: _____

Signature over Printed Name of Program Head/Adviser
Date Signed: _____

WE BUILD DREAMS WITHOUT LIMITS

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