



University of Southeastern Philippines
Office of the University Registrar

College/School: CTET

PRE-REGISTRATION FORM

Name: Id No: Year Level: 4th
Course: Bachelor of Science in Information Technology Major: Information Security

Semester	School Year	Sex	Scholarship	Did you file a LOA?
<input checked="" type="checkbox"/> 1 st Sem <input type="checkbox"/> 2 nd Sem <input type="checkbox"/> Off Sem	2025- 20 26	<input type="checkbox"/> Male <input type="checkbox"/> Female	Kindly indicate: n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes kindly indicate the inclusive data of LOA. From: To:
TYPE OF STUDENT				
<input type="checkbox"/> Old Student		<input type="checkbox"/> New Student		
<input type="checkbox"/> Transferee	Last School Attended:		Number of semester/s from previous school:	
<input type="checkbox"/> Shiftee	Previous Program:		Number of semester/s from previous program:	
<input type="checkbox"/> 2 nd Courser	Degree:		Last School Attended:	

Course ID	Course Description	Units	Days	Time	Room
ITPR 401	IT Practicum	4	M T	1:00PM - 3:00PM	13 - PECC 1
			W Th	1:00PM - 5:00PM	13 - PECC 1
ICE 414	Professional Elective 4	3	M W	9:00AM - 10:30AM	13 - PECC 1
ICE 415	Professional Elective 5	3	T Th	9:00AM - 10:30AM	13 - PECC 1
ITCP 400	IT Capstone Project	2			

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.)

- Type of Paying Student (Please check only one)

☐ 2ND Courser

☐ Exceeded the period covered for FHE

☐ Already availed StuFAP

☐ Voluntary opt out of the FHE

Approved by:

Student’s Signature
Date Signed:
Student Mobile No.:
Email address:

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

