



REPUBLIC OF THE PHILIPPINES
POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
OFFICE OF THE BRANCH/CAMPUS REGISTRAR

CONTROL NO.:

APPLICATION FOR CHANGE OF ENROLLMENT
ACE FORM
CHANGE OF SCHEDULE/SUBJECT

- INSTRUCTIONS: READ AND FOLLOW THE STEPS CAREFULLY**
- Step 1. Fill-out all blank spaces provided in this form with appropriate information; Write N/A if not applicable
- Step 2. Write the details of subject to change in the FROM and TO section
- Step 3. Place your signature above your printed name (located at the lower-right portion of this form)
- Step 4. Every filled-up row must be signed by the Academic Head
- Step 5. This form must be signed with date by the Academic Head
- Step 6. Proceed to your Department for TAGGING of the necessary changes. (After tagging, open your SIS Account to check if the necessary changes were done and correct)
- Step 7. Go to the Branch/Campus Accounting Student Services for the assessment and tagging of necessary fee/s
- Step 8. For students not covered by R.A. 10931: Pay the assessed fee at the Branch/Campus Cashier’s Office
- Step 9. Photocopy this form and official receipt (for students not covered by R.A. 10931), and submit the Original Copy to the Branch/Campus Registrar’s Office, one (1) photocopy to the Academic Head, and ALWAYS keep a personal copy
- [1] PLEASE WRITE LEGIBLY

BRANCH/CAMPUS:			
STUDENT NUMBER:		APPLICATION DATE:	mm/dd/yyyy
NAME OF STUDENT:			
COURSE/YR/SECTION:		ACADEMIC YEAR: 20____ - 20____	<input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/> Summer
REASON/S:			

[2]	FROM:							[4]	[6]
	CODE	DESCRIPTION	COURSE, YEAR & SECTION	DAY	TIME	ROOM	UNITS	ACAD. HEAD SIGNATURE OVER PRINTED NAME AND DATE	TAGGED BY: SIGNATURE OVER PRINTED NAME AND DATE
1.									
2.									
3.									

	TO:							[4]	[6]
	CODE	DESCRIPTION	COURSE, YEAR & SECTION	DAY	TIME	ROOM	UNITS	ACAD. HEAD SIGNATURE OVER PRINTED NAME AND DATE	TAGGED BY: SIGNATURE OVER PRINTED NAME AND DATE
1.									
2.									
3.									

This form will only be processed if filled-up properly and completely during the adjustment period.

Number of units and hours (originally enrolled)
based on Registration Certificate : _____
Number of units and hours added : _____
Total number of units and hours enrolled : _____

I hereby apply for a change in my enrollment as stated in this form, subject to the existing rules and regulations of the University.

[5] APPROVED BY: _____
ACADEMIC HEAD

[3] _____
SIGNATURE OVER PRINTED NAME OF STUDENT

DATE: _____

ACKNOWLEDGED BY THE OFFICE OF THE BRANCH/CAMPUS REGISTRAR	
Name : _____	Official Receipt Number: _____
Signature : _____	Amount Paid: _____
Date : _____	Date: _____