

**UNIVERSITY OF THE PHILIPPINES LOS BAÑOS**  
**REQUEST TO CROSS-REGISTER**

STUDENT NO: \_\_\_\_\_ NAME: \_\_\_\_\_  
 COURSE: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_  
 Signature: \_\_\_\_\_

I would like to request permission to cross-enroll at \_\_\_\_\_  
 for the (term) \_\_\_\_\_ AY \_\_\_\_\_ for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Subjects Requested	Units	Adviser's Validation	Alternate Subject	Units	Adviser's Validation

No. of units registered                      No. of units applied for  
 At home unit \_\_\_\_\_ as cross registrant \_\_\_\_\_ Total Load \_\_\_\_\_

Scholastic Standing as of Last Enrollment: [ ] Good Standing [ ] Warning [ ] Probation  
 [ ] Dismissed [ ] Others \_\_\_\_\_

**Home Unit Approval:**

**Host Unit Approval:**

\_\_\_\_\_  
 College Secretary (For the Dean)

\_\_\_\_\_  
 Department Chair

\_\_\_\_\_  
 University Registrar

\_\_\_\_\_  
 University Registrar

**To Student: You may fill up only one form**

\*Attach requirements:

- Medical Certificate
- Adviser's certification re: remaining deficiencies (for graduating students only)

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*(Please detach and submit to home unit)*

**ACKNOWLEDGEMENT**

**THE UNIVERSITY REGISTRAR**

*University of the Philippines Los Baños*

This is to certify that \_\_\_\_\_ has been admitted as a  
 cross-enrollee this \_\_\_\_\_ Semester/Academic Year \_\_\_\_\_ for  
 \_\_\_\_\_ units in the College of \_\_\_\_\_.

\_\_\_\_\_  
 Signature over Printed Name  
**University Registrar-Host Unit**