



APPLICATION FOR SPECIAL STUDENT
(for NON-DEGREE STUDENT)

PLEASE PRINT

PERSONAL INFORMATION		ACADEMIC INFORMATION				
LAST NAME		ID NUMBER				
FIRST NAME		NAME OF HOME SCHOOL/ ADDRESS				
MIDDLE NAME						
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female					
CITIZENSHIP		DOCUMENTS PRESENTED				
BIRTHDAY	(MM-DD-YYYY)	<input type="checkbox"/> Application for Non - Degree Student <input type="checkbox"/> Certificate of Good Moral Character/Letter of Recommendation from Dean of Home School <input type="checkbox"/> Medical Clearance				
BIRTHPLACE	(CITY, COUNTRY)					
CONTACT INFORMATION						
ADDRESS						
TEL. NO.	()					
MOBILE NO.	()					
EMAIL						
COURSES TO BE ENROLLED						
COURSE CODE	SECTION	UNITS	DAY / TIME	ROOM	FACULTY	
TOTAL NUMBER OF UNITS			ACADEMIC YEAR AND TERM			
CLEARED FOR ENROLLMENT			CONFORME			
CLINIC (SPS Ground Floor)		DATE	<i>I understand and agree that I am bound by the same academic, discipline and administrative policies and procedures governing students of DLSU.</i> _____ SIGNATURE OVER PRINTED NAME / DATE NOTE TO STUDENT: This form must be accomplished in duplicate distributed as follows: one (1) copy for student; one (1) copy for the Office of the University Registrar.			
OFFICE OF THE VICE DEAN		DATE				
INTERNATIONAL CENTER		DATE				
DISCIPLINE OFFICE		DATE				
OFFICE OF THE UNIVERSITY REGISTRAR (L133)		DATE				