

APPLICATION FOR INTER-CAMPUS ENROLLMENT

PLEASE PRINT

PERSONAL INFORMATION						ACADEMIC INFORMATION											
LASTN	IAME						ID N	UMBER				П		Г	Т		
FIRST	NAME						HON	/IE CAMP	US		<u> </u>	MAN	 IILA			S	STC
MIDDLI	E NAME						COL	LEGE									
CONTACT INFORMATION						DEGREE PROGRAM											
RIRTH DATE							UNITS STILL REMAINING					Units					
ADDRE	DDRESS				GRADUATING?					+	☐ Yes ☐ No				lo		
TEL. NO							COURSE (S) APPLIED FOR										
MOBILI	:NO. ()				COURSE U						UNIT	s	SEC	CTIC	N		
EMAIL																	
	(AC	API CCOMPLIS	PROVAL SH IN SEQ	UENCE)								+					
VICE DEAN/STC ACADEMICS DIRECTOR												+		\top			
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ASSOCIATE REGISTRAR / COORDINATOR FOR ENROLLMENT SERVICES FOR STC									\top		\top						
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We understand that the course(s) to be taken through inter-campus enrollment will require travel from one DLSU campus											pus						
to another.																	
SIGNATURE ABOVE PRINTED NAME							SIGNATURE ABOVE PRINTED NAME										
(STUDENT)						(PARENT/GUARDIAN-ON-RECORD)											
TERMS AND CONDITIONS																	
					IENIVI	SAND	CON	DITIONS									
1. T	The Student will be charged the tuition and fees of their home campus. 4. The application for inter-campus enrollment shall be deemed find valid only upon the signature of the duly- authorized represent.									- 1							
	, ,							the University Registrar. Submission of the application form to the									
S	schedule chosen by the student. Enrollment Services Hub does not mean that the application is approved.									red.							
 This form must be accomplished in triplicate (3 copies) and submitted to the Enrollment Services Hub with the signature of the Vice Dean / 						5.	5. It is therefore important for the student to secure a copy of the approved						- 1				
STC Academics Director. Attach a photocopy of a valid I.D. of your parent/guardian-on-record. The deadline for submission of the form is						application form from the Enrollment Services Hub after four (4) working days from submission of the document.											
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