



APPLICATION FOR SPECIAL CLASS

PLEASE PRINT

Term / AY _____

PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NUMBER	
FIRST NAME		COLLEGE	
MIDDLE NAME		COURSE	
UNITS REMAINING INCLUDING CURRENT TERM: _____ Units		GRADUATING AFTER THIS TERM?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIAL CLASS APPLIED FOR		
COURSE TITLE	COURSE CODE	UNITS
REASON FOR SPECIAL CLASS		<input type="checkbox"/> Graduating at the end of this Term and course is not offered <input type="checkbox"/> Graduating at the end of this Term and course offered is conflict with other enrolled courses <input type="checkbox"/> The course is indicated in the program flowchart as a regular offering for the term but is not offered <input type="checkbox"/> Others (please specify)

TERMS AND CONDITIONS

1. This form must be accomplished in duplicate (2 copies) and submitted to the Academic Programming Officer (APO) of the College/ School for processing when ALL signatures of approving authorities are complete.
2. A processing fee of P150.00 per application will be charged. A copy of the official receipt must be submitted to the APO.
3. The application shall be deemed final and valid upon inclusion of the special class in the student's official enrollment record. Student can no longer withdraw the application. It is therefore important for the student to secure/print an updated Enrollment Assessment Form to verify.
4. All stated deadlines contained in the Procedure for Special Class Application (accessible via: https://www.dlsu.edu.ph/wp-content/uploads/pdf/registrar/schedules/enroll_ug.pdf) must be complied with.

STUDENT'S SIGNATURE OVER PRINTED NAME / DATE

APPROVAL

(ACCOMPLISH IN SEQUENCE)

ASSOCIATE DEAN	1	(FACULTY)	3
(DEPARTMENT) I am appointing (faculty)	2	SIGNATURE / DATE FOR APO USE ONLY	
MR/MS/DR _____			
SIGNATURE OF CHAIR / COORDINATOR / DATE			