



REQUEST FOR LEARNER LOAD ADJUSTMENT									
DATE OF FILING:		TERM: ☐ 1 st ☐ 2 nd ☐ Inter-Sem, A.Y.							
PERSONAL INFORMATION		ACADEMIC INFORMATION							
LAST NAME		ID NO.							
FIRST NAME		PROGRAM							
MIDDLE NAME		YEAR							
CONTACT INFORMATION									
MOBILE NO.		PERSONAL EMAIL ADD.							
REQUEST FOR:									
☐ Simultaneous Enrollment of Courses Course Code to be added: _____ Section: _____ Simultaneous with: _____ Notes: - Learners who are graduating at the end of Academic Year may be allowed to simultaneously enroll in pre-requisite course. - The study load and sequence of courses shall be in accordance with the approved curriculum program. For simultaneous enrollment of courses, failure in the pre-requisite course will correspond to non-credit of advance course regardless of the learner's performance in it. - For Practicum – No simultaneous enrollment is allowed.		☐ Additional Load/ Units: SGPA: _____ Additional no of units requested: _____ Course Code/s to be added: _____ Section: _____ 1. _____ 2. _____ Actual Load/Units After Adjustment: _____ <table><thead><tr><th>Without failure and w/ SGPA</th><th>Additional units allowed but not exceeding 30 units</th></tr></thead><tbody><tr><td>2.00</td><td>+ 3 units</td></tr><tr><td>1.75</td><td>+ 6 units</td></tr></tbody></table> Notes: - If graduating at the end of Academic Year, may add a maximum of six (6) units. - If with internship/OJT, learner is allowed to take another course/subject with a maximum of six (6) units during internship period (CHED CMO. No. 104 s. 2017).		Without failure and w/ SGPA	Additional units allowed but not exceeding 30 units	2.00	+ 3 units	1.75	+ 6 units
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1.75	+ 6 units								
DATA PRIVACY CONSENT									
I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request. Further, I agreed to the collection and processing of my data in relation to my request for learner load adjustment to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations. _____ Signature over Printed Name/Date									
ACTION TAKEN									
Endorsed by: College Records Officer Signature over Printed Name	☐ Approved ☐ Disapproved by: Registrar Signature Over Printed Name		Encoded by: College Records Officer Signature over Printed Name/Date						
Learner's Copy Received by: _____ Date: _____									

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