



REQUEST FOR STUDENT 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.		EMAIL ADD							
REQUEST FOR:									
<input type="checkbox"/> Simultaneous Enrollment of Courses Course Code to be added: _____ Section: _____ Simultaneous with: _____ Notes: <ul style="list-style-type: none"> Students 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 student's performance in it. For Practicum – No simultaneous enrollment is allowed. 		<input type="checkbox"/> Additional Load/ Units: SGPA: _____ Additional no of units requested: _____ Course Code/s to be added: _____ Section: _____ 1. _____ 2. _____ Actual Load/Units After Adjustment: _____ <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="text-align: center;">Without failure and w/ SGPA</th> <th style="text-align: center;">Additional units allowed but not exceeding 30 units</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2.00</td> <td style="text-align: center;">+ 3 units</td> </tr> <tr> <td style="text-align: center;">1.75</td> <td style="text-align: center;">+ 6 units</td> </tr> </tbody> </table> Notes: <ul style="list-style-type: none"> If graduating at the end of Academic Year, may add a maximum of six (6) units. If with internship/OJT, student 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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ACTION TAKEN									
Endorsed by: _____ College Records Officer Signature over Printed Name	<input type="checkbox"/> Approved [] Disapproved by: _____ Registrar Signature Over Printed Name	Encoded by: _____ College Records Officer Signature over Printed Name/Date							
Student's Copy Received by: _____			Date: _____						



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