



REQUEST FOR STUDENT LOAD ADJUSTMENT

DATE OF FILING: _____ TERM: [] 1st [] 2nd [] Inter-Sem, A.Y.

PERSONAL INFORMATION

ACADEMIC INFORMATION

LAST NAME	_____	ID NO.	_____
FIRST NAME	_____	PROGRAM	_____
MIDDLE NAME	_____	YEAR	_____

CONTACT INFORMATION

MOBILE NO.	_____	EMAIL ADD	_____
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REQUEST FOR:

Simultaneous Enrollment of Courses

Course Code to be added: _____
 Section: _____
 Simultaneous with: _____

Courses with old Codes

Old Course Code: _____
 Course Title: _____
 Equivalent course code to be added: _____
 Section: _____

Additional Load/ Units:

SGPA: _____
 Additional number of units requested: _____
 Course Code/s to be added: _____ Section: _____
 1. _____
 2. _____

Actual Load/Units After Adjustment: _____

ACTION TAKEN

Endorsed by: _____ Academic Dean/Chair/Co-Chair Signature over Printed Name	[] Approved [] Disapproved by: _____ Registrar/College Records Officer Signature Over Printed Name	Encoded by: _____ Records Evaluator/Assistant Signature over Printed Name/Date
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Notes: 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.

Student's Copy Received by: _____ Date: _____



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