Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
Collegiate Records Unit

REQUEST FOR CROSS-ENROLLMENT

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		PERSONAL EMAIL ADD.	

COURSE/S TO CROSS-ENROLL

Course Code	Course/Descriptive Title	Unit/s
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Units	_____

Actual Load/Units After Cross Enrollment: _____

SCHOOL TO CROSS ENROLL	REASON/S FOR CROSS ENROLLMENT
Name of School: _____ **Address:**_____ _____	[ ] 1st Cross Enrollment [ ] 2nd Cross Enrollment _____ _____

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 cross-enrollment at Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, the 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:	Evaluated by:	[ ] Approved [ ] Disapproved by:
_____ **Academic Dean** Signature over Printed Name	_____ **Records Evaluator** Signature over Printed Name	_____ **Registrar/College Records Officer** Signature over Printed Name

Note/s: 1. Fill out this form properly and secure the approval of the signatories.
2. Submit to the Registrar's Office for verification/evaluation.
3. Secure payment slip and pay the corresponding fee/s at the Cashier's Office.
4. Present the Service Invoice (S.I.) at the Registrar's Office to claim the **official cross-enrollment permit**. S.I No.: _____
5. Submit validated OEF of cross-enrolled courses.
6. Submit certification of grades within a month after the end of the semester in the Colegio.