

PERMIT TO CHANGE COURSE/S

 Document Code:
 QF-OUR-05
 Revision Number:
 3

 Effectivity:
 18-Oct-2023
 O.R. No:

| Name: | | | | | | | | | | Date Received: | | |
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| | | shedule with job assignment [|] Course/s not in | Term: ()1st Ser accordance with t | | | | | | hool Year | | |
| |] Others | | CO | URSE (S) | | | | | | | | |
| FROM | | | CHAN | _ | | | | | Name and Signat | ure of Faculty | | |
| Class code Course no. | | Name and Signature of Faculty Member | Class code Course no. | | | Prereq | | | e(s) | Memb | | |
| | | | | | (|] | None | (| Taken | | | |
| | | | | | (|) | None | (| Taken | | | |
| | | | | | (|) | None | (| Taken | | | |
| I hereby agree to abide by the rules and regulations on the | | Endorsed: | Approved: | | | | | Encoded by: | | | | |
| changes of matriculation. | | | | | | | | | | | | |
| | | Department Chairperson | Dean | | | | | + | E | nrollment Personne | rollment Personnel | |
| Student's Signature Date: Student Copy | | (Signature over Printed Name) Date: | (Signature over Printed Name) Date: | | | | | (Signature over Printed Name) Date: | | | | |
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| Name: | | | ID No | | | | | | OUR use only Date Received: | | | |
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| FROM | | Name and Signature of Faculty Member | | GE TO | 4 | | Prerec | juisite(s) | | | Name and Signature of Faculty Member | |
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| | | | | | (| J | None | l |]Taken | | | |
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| rules and regulations on the changes of matriculation. | | Linuoi scu. | пррготоці | | | | | | | | | |
| | | Department Chairperson | | Dean | | | | | Enrollment Personnel | | | |
| Student's Signature | | (Signature over Printed Name) | (Signature over Printed Na | | | Name) (S | | | | ignature over Printed Nam | e) | |
| Date: | | Date: | Date | | | | | Date: | | | | |
| College Copy | | | | | | | | | | | | |
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| Name: | | | | ID No | | | | | | OUR use only Date Received: | | |
| Family Name Given Name Middle Name | | | | | | | | | | | | |
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| REASON/S: | | hedule with job assignment | Course/s not in | accordance with | • | • | • | , | | 1001 1641 | | |
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| FROM Class code Course no. | | Name and Signature of Faculty Member | CHANGE TO Class code Course no. | | | | Prerec | quisite | e(s) | Name and Signature of Faculty Member | | |
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| rules and regulations on the | | Endorsed: | Approved: | | | Encoded | | | | | | |
| changes of matriculation. | | Donartment Chairmaraen | D | | | | | | | F. W. C. D. C. | | |
| Student's Signature | | Department Chairperson (Signature over Printed Name) | Dean (Signature over Printed | | | | | | | Inrollment Personnel ignature over Printed Name) | | |
| Student's Signature Date: | | Date: | Date: | | | | | | | | ·/ | |
| OUR Copy | | | | | | | | | | | | |

GENERAL INSTRUCTION: Please take note of the following when processing Permit to CHANGE COURSE(s):

- 1. Fill out form properly.
- 2. Secure the signature of the faculty member teaching the previous course for information, and the faculty member teaching the new course to certify the availability of slot and to check the course(s) pre-requisite(s).
- 3. Proceed to Department Chairperson of the College of the new course for endorsement.
- 4. Proceed to the (a) Mother College Dean for approval.
- 5. Pay processing fee at the University Cashier's Office (BS 50; AdS/OU 100).
- 6. Submit approved PRF, previous enrollment form, and Official Receipt (O.R.) at the College for the implementation of the modification (encoding and printing of new Enrollment and Assessment Form).
- 7. Proceed to the Office of the University Registrar and submit the OUR Copy.
- 8. Proceed to the Accounting Office and submit photocopy of changing form and Enrollment and Assessment Form (EAF), if with refund.
- 9. Pay the corresponding fees indicated in the Order of Payment at the University Cashier's Office.

IMPORTANT: Any erasure or alteration will render this form VOID. Improperly filled-out forms will not be processed by the Enrollment Personnel.