



### PERMIT TO CHANGE COURSE/S

Document Code:	QF-OUR-05	Revision Number:	3
Effectivity:	18-Oct-2023	O.R. No.:	

Name: \_\_\_\_\_  
Family Name                      Given Name                      Middle Name

ID No. \_\_\_\_\_

OUR use only  
 Date Received: \_\_\_\_\_

Degree and Year: \_\_\_\_\_ Term: ( ) 1st Sem ( ) 2nd Sem ( ) Mid-Year School Year \_\_\_\_\_  
OUR Personnel

REASON/S: [ ] Conflict of Schedule with job assignment [ ] Course/s not in accordance with the curriculum/ Plan of Coursework  
 [ ] Others: \_\_\_\_\_

COURSE (S)						
FROM		Name and Signature of Faculty Member	CHANGE TO		Prerequisite(s)	Name and Signature of Faculty Member
Class code	Course no.		Class code	Course no.		
					( ) None ( ) Taken	
					( ) None ( ) Taken	
					( ) None ( ) Taken	

I hereby agree to abide by the rules and regulations on the changes of matriculation.

Endorsed:	Approved:	Encoded by:
Department Chairperson <small>(Signature over Printed Name)</small>	Dean <small>(Signature over Printed Name)</small>	Enrollment Personnel <small>(Signature over Printed Name)</small>
Date: _____	Date: _____	Date: _____

Student's Signature  
 Date: \_\_\_\_\_  
**Student Copy**



### PERMIT TO CHANGE COURSE/S

Document Code:	QF-OUR-05	Revision Number:	3
Effectivity:	18-Oct-2023	O.R. No.:	

Name: \_\_\_\_\_  
Family Name                      Given Name                      Middle Name

ID No. \_\_\_\_\_

OUR use only  
 Date Received: \_\_\_\_\_

Degree and Year: \_\_\_\_\_ Term: ( ) 1st Sem ( ) 2nd Sem ( ) Mid-Year School Year \_\_\_\_\_  
OUR Personnel

REASON/S: [ ] Conflict of Schedule with job assignment [ ] Course/s not in accordance with the curriculum/ Plan of Coursework  
 [ ] Others: \_\_\_\_\_

COURSE (S)						
FROM		Name and Signature of Faculty Member	CHANGE TO		Prerequisite(s)	Name and Signature of Faculty Member
Class code	Course no.		Class code	Course no.		
					( ) None ( ) Taken	
					( ) None ( ) Taken	
					( ) None ( ) Taken	

I hereby agree to abide by the rules and regulations on the changes of matriculation.

Endorsed:	Approved:	Encoded by:
Department Chairperson <small>(Signature over Printed Name)</small>	Dean <small>(Signature over Printed Name)</small>	Enrollment Personnel <small>(Signature over Printed Name)</small>
Date: _____	Date: _____	Date: _____

Student's Signature  
 Date: \_\_\_\_\_  
**College Copy**



### PERMIT TO CHANGE COURSE/S

Document Code:	QF-OUR-05	Revision Number:	3
Effectivity:	18-Oct-2023	O.R. No.:	

Name: \_\_\_\_\_  
Family Name                      Given Name                      Middle Name

ID No. \_\_\_\_\_

OUR use only  
 Date Received: \_\_\_\_\_

Degree and Year: \_\_\_\_\_ Term: ( ) 1st Sem ( ) 2nd Sem ( ) Mid-Year School Year \_\_\_\_\_  
OUR Personnel

REASON/S: [ ] Conflict of Schedule with job assignment [ ] Course/s not in accordance with the curriculum/ Plan of Coursework  
 [ ] Others: \_\_\_\_\_

COURSE (S)						
FROM		Name and Signature of Faculty Member	CHANGE TO		Prerequisite(s)	Name and Signature of Faculty Member
Class code	Course no.		Class code	Course no.		
					( ) None ( ) Taken	
					( ) None ( ) Taken	
					( ) None ( ) Taken	

I hereby agree to abide by the rules and regulations on the changes of matriculation.

Endorsed:	Approved:	Encoded by:
Department Chairperson <small>(Signature over Printed Name)</small>	Dean <small>(Signature over Printed Name)</small>	Enrollment Personnel <small>(Signature over Printed Name)</small>
Date: _____	Date: _____	Date: _____

Student's Signature  
 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.