



APPLICATION FOR CROSS-ENROLLMENT
(for INBOUND Cross Enrollees)

PLEASE PRINT

PERSONAL INFORMATION		ACADEMIC INFORMATION				
LAST NAME		ID NUMBER				
FIRST NAME		NAME OF HOME SCHOOL/ ADDRESS				
MIDDLE NAME						
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOCUMENTS PRESENTED <input type="checkbox"/> Application for Cross Enrollment (this form) <input type="checkbox"/> Certificate of Good Moral Character/Letter of Recommendation from Dean of Home School <input type="checkbox"/> Medical Clearance <input type="checkbox"/> Cross-Enrollment Permit from Home School <input type="checkbox"/> Official Receipt for courier of final grades				
CITIZENSHIP						
BIRTHDAY	(MM-DD-YYYY)					
BIRTHPLACE	(CITY, COUNTRY)					
CONTACT INFORMATION						
ADDRESS						
TEL. NO.	()					
MOBILE NO.	()					
EMAIL						
COURSES TO BE ENROLLED						
COURSE CODE	SECTION	UNITS	DAY / TIME	ROOM	FACULTY	
TOTAL NUMBER OF UNITS			ACADEMIC YEAR AND TERM			
CLEARED FOR ENROLLMENT			CONFORME			
CLINIC (SPS Ground Floor)		DATE	<i>I understand and agree that I am bound by the same academic, discipline and administrative policies and procedures governing students of DLSU-Manila.</i> _____ SIGNATURE OVER PRINTED NAME / DATE NOTE TO STUDENT: This form must be accomplished in triplicate distributed as follows: one (1) copy for student; two (2) copies for the Office of the University Registrar. Final grades will be sent by DLSU to home school.			
OFFICE OF THE VICE DEAN		DATE				
OSAc-ISSP (for international students)		DATE				
DISCIPLINE OFFICE		DATE				
OFFICE OF THE UNIVERSITY REGISTRAR (L133)		DATE				
			COURIER CHARGES (SENDING OF FINAL GRADES TO HOME SCHOOL)			
			Please pay at the Accounting Office			