

University of the Philippines Visayas Request to Cross-Register

Student No.:	Na	ame:			_		
Degree Program:			Last Name Year Level:		First Name		Middle Initial
			pe of cross-registration	on¹:	Local	Inte	ernational
					Student Exchange	Oth	ners
		-tt					
r would like to request	permission to cross-regi		1st school of choice		2nd school of choice		3rd school of choice
for the (term)	Acader	nic Year			for the following reaso	n/s:	
Number of units r			Scholastic s	tanding	:		
Number of semes remaining under to Tuition Law:	sters						
			_	\4!£!	_		
Attested: College Secretary			Certified: Adviser				
Courses Requested ⁴		Units	To be credited as		Adviser's signature		e ² and remarks, if any
			elective? (Y/N)				
OF THE			ines' Privacy Notice for Southority of the University of	_	linnines to process my n	ersonal ai	nd sensitive personal
Real Park Control of the Control of	I grant my consent and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to shift/transfer/ be admitted as a student of UP Visayas.						
1908	I likewise consent and recognize UP's authority to post online and/or in UP bulletin boards at its option my name and program in the event I qualify for admission in order for the University to comply with its Charter and uphold the principle of transparency in the						
	quality for autilission in	rorder for the office	raity to comply with its one	nter and u	priora the principle of trans	parency ii	The
	 Signature over Printed Name			nature of F	Parent/Guardian over printe	d name	
				oplicantis		diano	
	Date:		Dat	te:			
							_
Attach applicable requ							

- Medical Certificate (for health reasons)
- Acceptance letter from the host university (for student exchange).
- [2] Adviser's signature here means that the courses will be credited in the student's degree program.
- [3] Have the Host Unit Registrar accomplish this page and submit to the Home Unit (hard copy or email).
- [4] For student exchange: If applicable, submit updated form duly approved by the adviser, one (1) week after start of classes at the host University.
- [5] For student exchange, host unit approval is not applicable
- [6] Only applicable for student exchange (e.g., through the MOVE UP student mobility program)

Home Unit Approval:	•	Host Unit Approval ^{3 5}		
College Secretary		Department Chair/Institute Director/Progr	am Director	
Dean		College Secretary		
Registrar/Vice Chancellor for Academic Affairs		Registrar		
FOR CROSS-REGISTRATIO	N OUTSIDE OF UP	PSYSTEM:		
Home Unit Vice Chancellor for	Academic Affairs			
Home Unit Chance	ellor ⁶			
		ACKNOWLEDGEMENT		
THE UNIVERSITY REGISTR	AR			
Home Unit				
This is to certify that		has been admitted as cross-enro	ollee this	
Academic Year	for _ of		units/credits at the	Semester/Term
Academic Unit		University		
Academic Unit				
Academic Unit				e over printed name