

**OFFICE OF THE CAMPUS REGISTRAR**

Date _____

PLEASE FILL OUT ALL FIELDS MARKED BY ***asterisk*****PRE-ENROLLMENT FORM**

FIRST () / SECOND () SEMESTER, S.Y 20__-20__

*Name: _____ * Student Number: _____

*Address: _____ * Contact Number: _____

*Year Level: _____ *Course: _____ *Section & Major: _____

*Classification: () New () Old () Transferee () Cross Reg. Form

*Registration Status: () Regular () Irregular

SCHEDULE CODE	SUBJECT CODE/TITLE	UNITS

Name and Signature of Adviser _____

Approved: **MARLYN A. QUINEZ**
Campus Registrar

Attachment/s:

* Printed Grades from the student's portal.

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 This is to certify that the above-named student has been cleared of money accountability/other responsibility and approved for enrollment.
1. **PILAR C. PELLANO**
OIC, Accountant2. **LUZVIMINDA M. BARTOLOME**
Librarian3. **ASUNCION O. CASTRO**
Campus Nurse4. **DR. LAURO B. PASCUA**
Director, EBA5. **DEANNA C. PARCON**
Director, OSAS6. **MARLYN A. QUINEZ**
Campus Registrar7. **CARIDAD S. MERCED**
Director, RESU8. **JOSE P. LISAMA, Ed.D.**
Campus Administrator