

Republic of the Philippines UNIVERSITY OF RIZAL SYSTEM Province of Rizal

College Graduate School ____ Campus

OFFICE OF THE REGISTRAR

APPLICATION FORM FOR SELF LIQUIDATING PROGRAM SLP

COLLEGE

SUBJECT

SEMESTER/SCHOOL YEAR

Put a Check (√) mark

3-Unit subject
(Lecture Only)

3-Unit subject with Laboratory

5-6 Unit Subject
(Lecture Only)

5-6 Unit Subject with Laboratory

I/We hereby apply for the above given subject classified under the Self-Liquidating Program (SLP), with an understanding that said request will be approved based on the existing policies of the University.

	LAST NAME	FIRST NAME	M.I	COURSE/MAJOR	REASON FOR REQUEST	SIGNATURE
1						
1						
2						
3						
4						
_						
5						
6						
7						
-						
8						
9						
10						

NOTE: Please use separate sheet if necessary

For the Dean/Program Head						
Recommending Approval	YES	If YES Name of faculty to handle the subject Day & Time Schedule Room				
		Dean/Program Head				
For the Registrar						
Action Taken	APPROVED	If APPROVED Total No. of Students No. of Content Hour				
	DISAPPROVED	Total Amount of Fee				
		Registrar				
For the Cashier						
Computed/Released by						

Cashier

NOTE: Copy of the accomplished form must be submitted to the Office of the Registrar.