



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						
2						
3						
4						
5						
6						
7						
8						
9						
10						

NOTE: Please use separate sheet if necessary

For the Dean/Program Head

Recommending Approval YES
 NO

If YES
Name of faculty to handle the subject _____
Day & Time Schedule _____
Room _____

Dean/Program Head

For the Registrar

Action Taken APPROVED
 DISAPPROVED

If APPROVED
Total No. of Students _____
No. of Content Hour _____
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.