



**APPLICATION FOR REGISTRATION**

Student No.: \_\_\_\_\_  
 Name: \_\_\_\_\_ Sex: \_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Course/Major: \_\_\_\_\_ Semester: \_\_\_\_\_ S.Y \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

**Student's Status**

- New Student  
 Continuing Student  
 Returning Student

Last Attended: \_\_\_\_\_

Subject Code	Subject Title	Units	Room	Day	Time	Professor	Initials

Total No. of Units \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date Accomplished

*I certify that this student is allowed to enroll only in the subjects listed above with their corresponding number of units.*

\_\_\_\_\_  
 Registrar



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\_\_\_\_\_  
 Registrar