CONTROL NO.:

REPUBLIC OF THE PHILIPPINES
**POLYTECHNIC UNIVERSITY OF THE PHILIPPINES**
**OFFICE OF THE UNIVERSITY REGISTRAR**
STA. MESA, MANILA

☐ **COLLEGE**    ☐ **INSTITUTE**

# APPLICATION FOR CHANGE OF ENROLLMENT (ACE) FORM
# ADDING OF SUBJECT

**INSTRUCTIONS:**

1. Fill-out all blank spaces provided in this form with appropriate information; write N/A if not applicable.
2. Write the details of subject to add in the ADD section and have it signed by the Faculty handling. (In case the professor has not yet attended the class, the Chairperson of the Department that services the subject may sign in lieu of the professor in order to avoid delay in processing of adjustment.)
3. Proceed to your Department for APPROVAL and TAGGING of the necessary changes. (After tagging, open your SIS Account to check if the necessary changes were done and correct.)
4. Go to the Accounting Student Services (South Wing, Ground Floor) for the assessment and tagging of necessary fee/s.
5. Pay the assessed fee at the SIS Window in the Cashier's Office (South Wing, Ground Floor).
6. Photocopy this form and official receipt and submit copy to Registrar's Office (Original Copy),Department (photocopy),and keep a personal copy

I, _____ ,hereby apply for a change in my enrollment this
(STUDENT NAME)

period for the following reasons: _____

☐ First Semester     Academic Year:
☐ Second Semester
☐ Summer             20___ - 20 ___

**ADD**

| | CODE | DESCRIPTION | COURSE, YEAR & SECTION | DAY | TIME | ROOM | UNITS | FACULTY SIGNATURE OVER PRINTED NAME AND DATE | TAGGED BY: SIGNATURE OVER PRINTED NAME AND DATE |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |

*Number of units and hours (originally enrolled) based on Registration Certificate* : _____

*Number of units and hours added* : _____

**Total number of units and hours enrolled** : _____

_____
SIGNATURE OVER **PRINTED** NAME OF STUDENT

Student Number: _____

Course: _____

Year and Section: _____

APPROVED BY: _____
**DEAN / CHAIRPERSON**

DATE: _____

ACKNOWLEDGED BY: **OFFICE OF THE UNIVERSITY REGISTRAR**

Name : _____

Signature : _____

Date : _____

Official Receipt Number: _____

Amount Paid: _____

Date: _____