	CONTROL NO.:

REPUBLIC OF THE PHILIPPINES
POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
OFFICE OF THE CAMPUS REGISTRAR

☐ **BRANCH**   ☐ **CAMPUS**

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 Branch/Campus Academic Head may sign in lieu of the professor in order to avoid delay in processing of adjustment.)
3. Proceed to your Branch/Campus Academic Head 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 (of your Branch/Campus) for the assessment and tagging of necessary fee/s.
5. Pay the assessed fee at the SIS Window in the Branch/Campus Cashier's Office.
6. Photocopy this form and official receipt and submit copy to Branch/Campus Registrar's Office (Original Copy), Director's Office (photocopy),and keep a personal copy

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

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

period for the following reasons: _____

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: _____
                ACADEMIC HEAD

DATE: _____

ACKNOWLEDGED BY: **OFFICE OF THE BRANCH/CAMPUS REGISTRAR**

Name   : _____   Official Receipt Number: _____

Signature : _____   Amount Paid: _____

Date   : _____   Date: _____