CONTROL NO.:



## REPUBLIC OF THE PHILIPPINES POLYTECHNIC UNIVERSITY OF THE PHILIPPINES OFFICE OF THE BRANCH/CAMPUS REGISTRAR

BRANCH

# APPLICATION FOR CHANGE OF ENROLLMENT (ACE) FORM CHANGE OF SCHEDULE / 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 change in the RELEASED and ACCEPTED section and have it signed by the Faculty handling respectively. (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 Office of the Branch/Campus Registrar (Original Copy), Director's Office (photocopy), and keep a personal copy

|                |  | 🗆 First Semester | Academic Year: |
|----------------|--|------------------|----------------|
|                | ,hereby apply for a change in my enrollment this |                  |                |
| (STUDENT NAME) |  | □ Summer         | 20 20          |

period for the following reasons:

#### RELEASED

١,

| CODE | DESCRIPTION | COURSE,<br>YEAR &<br>SECTION | DAY | TIME | ROOM | UNITS | FACULTY SIGNATURE<br>OVER PRINTED NAME<br>AND DATE |
|------|-------------|------------------------------|-----|------|------|-------|--|
| 1.   |             |                              |     |      |      |       |  |
| 2.   |             |                              |     |      |      |       |  |
| 3.   |             |                              |     |      |      |       |  |

### ACCEPTED

| CODE | DESCRIPTION | SECTION | DAY | TIME | ROOM | UNITS | FACULTY SIGNATURE<br>OVER PRINTED NAME<br>AND DATE |
|------|-------------|---------|-----|------|------|-------|--|
| 1.   |             |         |     |      |      |       |  |
| 2.   |             |         |     |      |      |       |  |
| 3.   |             |         |     |      |      |       |  |

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

SIGNATURE OVER **PRINTED** NAME OF STUDENT

\_\_\_\_\_

Student Number:

Total number of units and hours enrolled :

ACADEMIC HEAD

| Course: |   |
|---------|---|
|         | - |

Year and Section:

DATE:

APPROVED BY:

ACKNOWLEDGED BY: OFFICE OF THE BRANCH/CAMPUS REGISTRAR

Number of units and hours added :

Name : \_\_\_\_\_\_ Signature : \_\_\_\_\_\_ Date : Official Receipt Number: \_\_\_\_\_ Amount Paid:

Date: