



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

CONTROL NO.:

COLLEGE INSTITUTE

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 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)

<input type="checkbox"/> First Semester	Academic Year:
<input type="checkbox"/> Second Semester	20__ - 20__
<input type="checkbox"/> Summer	

period for the following reasons: _____

RELEASED

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

ACCEPTED

CODE	DESCRIPTION	SECTION	DAY	TIME	ROOM	UNITS	FACULTY SIGNATURE OVER PRINTED NAME AND DATE
1.							
2.							
3.							

*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: _____