Republic of the Philippines

**J.H. CERILLES STATE COLLEGE**

Mati, San Miguel, Zamboanga del Sur

**Office of the College Registrar**

Email: registrar@jhcsc.edu.ph

# ADDING/DROPPING/CHANGING OF SUBJECT(S)

JHCSC-REG-FORM-03

*Instructions:* *Write all the entries legibly in* ***printed form*** *and avoid* ***any erasures*** *. Use a check mark ( ✓ ) in filling-in the boxes. Only seven (7) entries of subjects are allowed in this form.*

## STUDENT'S PERSONAL AND ACADEMIC INFORMATION

Name : ID Number:

*Surname* *First Name* *Name Ext* *MI*

Program: Year Level:

## FILING INFORMATION

Date of Filing (mm/dd/yy):

Sem./Term: ☐ First ☐ Second ☐ Summer Academic Year:

## JUSTIFICATION(S) FOR THE REVISION OF ENROLLMENT DATA

☐ Conflict of Schedule ☐ Merging/Dissloution of Course Offering ☐ Advised

☐ Others, please *specify:* _____

_____

_____

_____

*Signature Over Printed Name of the Student*

## DETAILS ON REVISION OF ENROLLMENT DATA

***Add the following subject/s:***

| Course No. | Discriptive Title | Unit(s) | Signature Over Printed Name of the Instructor | Remarks |
|---|---|---|---|---|
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |
| **4.** | | | | |
| **5.** | | | | |
| **6.** | | | | |
| **7.** | | | | |

***Drop the following subject/s:***

| Course No. | Discriptive Title | Unit(s) | Signature Over Printed Name of the Instructor | Remarks |
|---|---|---|---|---|
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |
| **4.** | | | | |
| **5.** | | | | |
| **6.** | | | | |
| **7.** | | | | |

***Change the following subject/s:***

| Course No. | Discriptive Title | | Signature Over Printed Name of the Instructor | Remarks |
|---|---|---|---|---|
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |
| **4.** | | | | |
| **5.** | | | | |
| **6.** | | | | |
| **7.** | | | | |

| | | | |
|---|---|---|---|
| Total units enrolled **before** the revision of enrollment data: | | Total units enrolled **after** the revision of enrollment data: | |

***Recommending Approval:***

_____

*Signature Over Printed Name of the Program Chairperson*

*Date:* _____

***Approved:***

_____

*Signature over Printed Name of the School Dean*

*Date:* _____

***Noted:***

**ATTY. PRINCESS ROSAL B. INCLAN, LPT**

College Registrar

Date: _____

**Note**: Transaction is validated once the accomplished Registrar's Copy is submitted to the Registrar's Office within the prescribed deadline.