Admission and Office of the Registrar

## **REQUEST FOR PERMIT TO CROSS-ENROLL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

The Department Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department

SIR/MADAM:

 This is to request permission for the undersigned to attend the Summer/Semester 20\_\_\_ - 20\_\_\_ classes at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the

 *(College/University) (Address)*

following subjects:

|  |  |  |
| --- | --- | --- |
| COURSE NUMBER | DESCRIPTIVE TITLE | UNITS |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 Your approval is highly appreciated.

 Very truly yours,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature over printed name

APPROVED:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Chairperson Executive Dean

## **NB**

## **(TO THE STUDENT: SUBMIT THIS FORM AT THE REGISTRAR's OFFICE FOR THE ISSUANCE OF PERMIT TO CROSS-ENROLL)**