



APPLICATION FOR SPECIAL CLASS FORM

Document No. : FM-AA-22-02

Quarter AY

Effective Date: September 14, 2018

COURSE CODE

SCHOOL/DEPARTMENT

ACADEMIC YEAR / QUARTER

We hereby agree to enroll to the above given course classified as a special class and pay the corresponding special fee whose actual computation will be available after reassessment. We also agree that once the offering of the special class is approved by the Dean or Chair and one of us decided not to enroll in the special class, the class may be abolished

Table with 8 columns: STUDENT NO., LAST NAME, GIVEN NAME, M.I, REASON FOR REQUEST, NUMBER OF REMAINING UNITS, SIGNATURE. Rows 1-15.

FOR DEAN/ CHAIR

FOR OFFICE OF THE REGISTRAR

ACTION TAKEN

APPROVED checkbox

APPROVED

DISAPPROVED checkbox

DISAPPROVED

DEAN OR CHAIR / DATE

NAME OF FACULTY MEMBER TO HANDLE COURSE

Faculty member name input field

DAY(S)

TIME SCHEDULE

ROOM

Day(s) input field

Time schedule input field

Room input field

ENCODED BY

OFFICE OF THE REGISTRAR PERSONNEL/DATE

NOTED BY

REGISTRAR / DATE