



APPLICATION FOR CROSS-REGISTRATION

Request is hereby made for a permit to allow the undersigned to cross-enroll this _____ Semester of
SY 20__-20__ in _____ for the following reasons:
_____.

Schedule of Classes in Davao de Oro State College are indicated below:

| Course Code | Units | Days | Time | Course Code | Units | Days | Time |
|-------------|-------|-------|-------|-------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

My Schedule of classes in the _____ is/are:

| Course Code | Units | Days | Time | Course Code | Units | Days | Time |
|-------------|-------|-------|-------|-------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

There is gap of _____ minutes/hours between my classes in _____ and my
classes in _____ College/University
(No Violation of course sequence and pre-requisites.)

(Name & Signature of Student)

(Program)

(Year)

1st ENDORSEMENT

Respectfully forwarded to the _____ College/University with the
information that the student is granted authority to cross-enroll in your school in the course/s indicated above.

Program Head

Registrar

Date: _____

Date: _____

2nd ENDORSEMENT

Respectfully forwarded to _____ with the information
that the student is granted authority to cross-enroll in your school in the course/s indicated above.

Program Head

Registrar

Date: _____

Date: _____