Republic of the Philippines
Davao de Oro State College
Purok 10, Poblacion, Compostela, Davao de Oro, Philippines 8803
website: ddosc.edu.ph
email Address: registrar_compostela@ddosc.edu.ph
REGISTRAR SERVICES UNIT

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: _____