DEANSHIP *of* STUDENT AFFAIRS
Office of the Registrar

Autodate/time:_____
SN# _____

DUAL DEGREE REGISTRATION FORM

Student Name			Academic Year		
Student ID			Semester		
1st Degree		2nd Degree		Major	

CRN	Course Name	Course No.	Sec.	Course Title	Credit Hours	Lecture Time				
						Sun.	Mon.	Tues.	Wed.	Thurs.
				Total Credit Hours						

Student's Signature:	
Mobile Number:	
Date:	

Registration Officer:	
Date:	

Department Chair Approval (2nd Degree):	
Signature:	
Date:	

College Dean Approval (2nd Degree)	
Signature:	
Date:	

Note:

- *This Dual Degree Registration form will be filled by the student only.*
- *Before you hand it over to the Registration Officer.*
  1. *Secure approval from Dept. Chair and Dean*
  2. *Keep your copy for your reference*