DEANSHIP of ENROLLMENT & REGISTRATION
Office of the Registrar

Autodate/time:_____
SN# _____

REGISTRATION WORKSHEET

Student Name		Academic Year	
Student ID		Semester	
Major		College	

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

Student's Signature:	
Mobile Number:	
Date:	

Registration Officer:	
Date:	

Problem Description: _____

_____

Alternate Pin Number: _____

Note:

- *This Registration worksheet will be filled by the student during the summer semester only.*
- *Before you hand it over to the Registration Officer.*
  1. *Sign the consent letter (find attached)*
  2. *Keep your copy for your reference*