

For the Dean/Program Head

Recommending Approval YES
 NO

If YES
Name of faculty to handle the subject _____
Day & Time Schedule _____
Room _____

Dean/Program Head

For the Registrar

Action Taken APPROVED
 DISAPPROVED

If APPROVED
Total No. of Students _____
No. of Content Hour _____
Total Amount of Fee _____

Registrar

For the Cashier

Computed/Released by

Cashier

NOTE: Copy of the accomplished form must be submitted to the Office of the Registrar.