



**PRE-REGISTRATION FORM**  
 (TRANSFEREE AND  
 SECOND DEGREE STUDENT)

Document Code:	<b>QF-OUR-03-C</b>	Revision Number:	2
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<b>Type of Student:<sup>1</sup></b> <input type="checkbox"/> Transferee <input type="checkbox"/> Second Degree  <b>DEGREE/S COMPLETED</b> <i>(Additional Baccalaureate Degree):</i> _____ _____ _____	<b>TERM:</b> <input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/> Midyear  <b>School Year:</b> 20____ - 20____  <b>Year level<sup>2</sup>:</b> _____	<b>STUDENT ID NO:</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> <b>LEARNER'S REFERENCE NUMBER (LRN):</b> _____  <b>DEGREE SOUGHT:</b> _____ _____  <b>LAST SCHOOL ATTENDED</b> <i>(Name &amp; Address):</i> _____ _____ _____								PLEASE ATTACH RECENT 2 X 2 PHOTO WITH NAME TAG & SIGNATURE

<b>Family Name</b>			
<b>Given Name</b>			
<b>Middle Name</b>			
If married female using husband's family name, <b>Maiden Name</b>			

**Date of Birth:** \_\_\_\_\_ **Citizenship/ Nationality:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Address while studying at BSU:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **email address:** \_\_\_\_\_

Person to be contacted **Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

in case of emergency: **Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**COURSE(S) TO BE VALIDATED/ CREDITED/ CARRIED (To be processed before enrollment)**

**INITIAL EVALUATION**

To be filled out by the College/ Institute Concerned

**RE-EVALUATION**

To be filled out by the Office of the University Registrar

_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
-------------------------------------------------------------	-------------------------------------------------------------

*Evaluated:*

*Re-evaluated:*

\_\_\_\_\_  
 Department Chairperson

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Registrar

\_\_\_\_\_  
 Date

*Approved:*

\_\_\_\_\_  
 College Dean/ Institute Director

\_\_\_\_\_  
 Date

**AT THE COLLEGE/ INSTITUTE:**

CLASS CODE	UNITS

CLASS CODE	UNITS

CLASS CODE	UNITS
<b>TOTAL UNITS</b>	

Will you avail of the free higher education benefit?

- YES<sup>3</sup>   
  YES, with VOLUNTARY CONTRIBUTION<sup>4</sup>  
 NO   
 Reason:  I will pay my tuition fee (Opt-out).<sup>5</sup>  
                    Not Qualified<sup>6</sup>

I HEREBY CERTIFY that the foregoing information is true and correct.

Verified:

Confirmed:

\_\_\_\_\_  
Student's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Enrollment Adviser  
Date: \_\_\_\_\_

\_\_\_\_\_  
Dept. Chairperson/ Dean/ Director  
Date: \_\_\_\_\_

**AT THE OFFICE OF THE UNIVERSITY REGISTRAR (OUR):**

- Availed Free Higher Education Benefits without Voluntary Contribution  
-Return Service Agreement (RSA) and Certification of availment or non-availment of Free Tuition Fee during the S.Y. 2017-2018 submitted
- Availed Free Higher Education Benefits with Voluntary Contribution  
-Return Service Agreement & Voluntary Contribution Form submitted
- Opted Out - Waiver submitted
- Not qualified

Checked by:  
\_\_\_\_\_  
OUR Personnel

**AT THE OFFICE OF STUDENT SERVICES (OSS):**

**For Scholars/ Grantees, claim your Pre-Registration Form (PRF) after encoding and proceed to the OSS for printing of enrollment form.<sup>7</sup>**

( ) Scholar/ Grantee : Name of scholarship/ Grant: \_\_\_\_\_

Scholarship/Grant certified by:

\_\_\_\_\_  
Director, Office of Student Services

\_\_\_\_\_  
Date

**SPECIFIC GUIDELINES:**

<sup>1</sup>Submit the following **ADMISSION REQUIREMENTS** upon enrollment. (CHECKLIST)

Tick if submitted	Requirements for Transferees/ Second Degree Students	Remarks
	Official Transcript of Records (Photocopy) <b>AND</b> Certificate of Transfer Credentials. If BSU graduate, photocopy of OTR	
	PSA (NSO) Birth Certificate	
	If married female, PSA (NSO) Marriage Certificate	
	Certificate of Good Moral Character (CGMC) from Last School attended except for BSU graduate	
	Certificate from Chairman of CHED if unable to submit OTR and CGMC	
	Two 2 x 2" ID picture with name tag & signature to be attached in this form	
	Medical Certificate from BSU clinic	
	<b>Additional requirement for international students (to be filled-out by the BI Liaison Officer):</b> student visa, birth certificate, certificate of financial support, and other requirements by the Bureau of Immigration) Remarks: _____	

<sup>2</sup> To be determined by the enrollment adviser.

<sup>3</sup> Transferees who will avail of the free higher education benefits must submit the following certification from the last school attended.

<sup>4</sup> Students under this category are those who may opt to avail of the free higher education benefit and pay voluntary contribution. Student/s must submit a Voluntary Contribution Form.

<sup>5</sup> Students under this category are those who may opt not to avail of the free higher education benefit or students with existing scholarship or grant. Students who opt not to avail of the free higher education benefit should submit a waiver.

<sup>6</sup> Students who are not qualified for the free tuition higher education benefit as specified in Section 6 of R.A. No. 10931 or the Universal Access for Quality Tertiary Education and its Implementing Rules and Regulations, are as follows:

- (1) Students who have already attained a bachelor's degree or comparable undergraduate degree from any HEI, whether public or private;
- (2) Students who fail to comply with the admission and retention policies of the SUC or LUC;
- (3) Students who fail to complete their bachelor's degree or comparable undergraduate degree within a year after the period prescribed in their program.

<sup>7</sup>For all scholars and grantees.

**STUDENT'S DECLARATION**

*Consent and Authorization*

1. I give my full consent to Benguet State University – Office of the University Registrar (BSU-OUR) to provide and/or verify necessary and relevant data pertaining to my academic records for prospective job opportunities and other legal purposes.
2. I gave my full consent to BSU-OUR to capture my photo and to use/ attach the same to my OTR as part of my academic record and for legal purposes.

*Recognition of BSU's Admission and Retention Policies*

3. I am fully aware of the Admission and Retention Policies of Benguet State University and other related policies promulgated by government regulating agencies, thus, hereby undertake to abide by the same. That my failure to do so would entail adverse consequences such as curtailment/ forfeiture of some or all benefits or / and privileges due me thereunder.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date