



PRE-REGISTRATION FORM
 (CROSS-ENROLLEES AND STUDENTS
 TAKING UP ADDITIONAL COURSE/S)

Document Code:	QF-OUR-03-D	Revision Number :	3
Effectivity:	July 12, 2019		

Instructions: Please fill out the form **LEGIBLY** in **FULL CAPS, COMPLETELY** without **ERASURES**. **INCOMPLETE/ IMPROPERLY FILLED OUT FORMS WILL NOT BE PROCESSED.** Kindly put a check (/) mark on appropriate spaces.

Type of Student: ¹ <input type="checkbox"/> Cross-enrollees <input type="checkbox"/> Students taking up additional course/s DEGREE/S COMPLETED (For students taking up additional course/s): _____ _____ _____	TERM: <input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/> Midyear School Year: 20____ - 20____ Year level: _____	STUDENT ID NO: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> NAME OF MOTHER SCHOOL (For Cross-enrollee/s, indicate <i>Name & Address</i>): _____ _____ _____									PLEASE ATTACH RECENT 2 X 2 PHOTO WITH NAME TAG & SIGNATURE

Family Name																					
Given Name																					
Middle Name																					
If married female using husband's family name, Maiden Name																					

Citizenship/ Nationality: _____

Home Address: _____

Address while studying at BSU: _____

Contact Number: _____ **email address:** _____

Person to be contacted in case of emergency: **Name:** _____ **Contact Number:** _____
Address: _____ **Relationship:** _____

COURSE(S) TO BE ENROLLED

Class Code	Course No.	Descriptive Title	Units	RECOMMENDED Department Chairperson (Signature Over Printed Name)	APPROVED Dean/ Director (Signature Over Printed Name)
		<i>Total No. of Units</i>			

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

Encoded by: _____

Noted: _____

 Student's Signature
 Date: _____

 OUR Personnel
 Date: _____

 Registrar
 Date: _____

SPECIFIC GUIDELINES:

Submit the following **ADMISSION REQUIREMENTS** upon enrollment. (CHECKLIST)

Tick if submitted	Requirements for Students Taking Up Additional Course/s	Remarks
	Official Transcript of Records (Photocopy) AND Certificate of Transfer Credentials secured from school last attended. If BSU graduate, photocopy of OTR.	
	PSA (NSO) Birth Certificate	
	If married female, PSA (NSO) Marriage Certificate	
	Certificate of Good Moral Character from Last School attended except for BSU graduate	
	One 2 x 2" ID picture with name tag & signature to be attached in this form	
	Requirement for Cross-enrollees	
	Permit to cross-enroll from Mother School	
	If from state University or College, Certification of Entitlement to Free Higher Education (FHE) from Mother School	

Instructions to Cross-enrollee:

In order for you to claim your grade/s at the end of the semester/term, please:

1. Accomplish the OUR Request Form (RF) and process clearance.
2. Pay the processing fee/s and submit the request form to the OUR for processing of Certification of Final Grade/s.

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