



PRE-REGISTRATION FORM
(GRADUATE SCHOOL AND
OPEN UNIVERSITY STUDENTS)

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: <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning Last term of enrollment: _____ End of Residency: _____	Last School attended: _____ Year Level: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd (PhD Only)	STUDENT ID NO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEGREE: _____ Major: _____ Term: () 1 st Sem () 2 nd Sem () Mid-year School Year _____
---	--	---	---

Family Name:	
Given Name:	
Middle Name:	
If married female using husband's family name, Maiden Name:	
Contact Number:	
Email Address:	
Ethnicity	

(Please tick)

<input type="checkbox"/> Not working/Full Time Student	
<input type="checkbox"/> Working/Part Time Student	
*if working student, please provide details	
Work Place:	
Office/Organization Contact details:	
Telephone/Mobile No.:	
Email Address:	
Address:	
Position:	

Permanent Address: _____

Current Address: _____

PRE-REGISTRATION - AT THE GRADUATE SCHOOL OR OPEN UNIVERSITY:

COURSE/S TO BE ENROLLED

CLASS CODE	COURSE CODE	DESCRIPTIVE TITLE	UNIT/S	SCHEDULE	INSTRUCTOR

Are you a scholar or grantee? () No
 () Yes, **specify** scholarship/ grant: _____

Note: If BSU employee, submit Permit to Enroll (PTE)

I HEREBY CERTIFY that the above information is true and correct to the best of my knowledge. I further certify that I have taken all the pre-requisites of the course/s listed above and that there is no conflict in the class schedules.

Verified:

Confirmed:

 Student's Signature
 Date: _____

Enrollment Adviser
 Signature over printed name
 Date: _____

ROMEO A. GOMEZ JR., PhD
Dean, Graduate School
 Signature over printed name
 Date: _____

REGISTRATION / ENCODING OF CLASS CODES:

AT THE OFFICE OF THE UNIVERSITY REGISTRAR (OUR):

_____ New First Year Student

**AT THE OPEN UNIVERSITY OR
for GRADUATE SCHOOL STUDENTS, AT THE
COLLEGE/ ACADEMIC INSTITUTE:**

_____ Continuing/Readmitted Student

Encoded:

Personnel concerned

Signature over printed name

Date: _____

AT THE OFFICE OF STUDENT SERVICES (OSS):

For Scholars/ Grantees, bring your enrollment form to the Student Scholarships & Grants Unit (SSGU) for re-assessment.

SPECIFIC GUIDELINE:

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

Tick if submitted	Requirements for New Students	Remarks
	Present Notice of Acceptance (NOA)	
	Official Transcript of Records (Photocopy) AND Certificate of Transfer Credentials. If BSU graduate, photocopy of OTR.	
	PSA (NSO) Birth Certificate	
	If married female, PSA (NSO) Marriage Certificate	
	Original Medical Certificate from BSU clinic	
	Plan of Coursework – to be submitted when the student is on regular status	
	Additional requirements for international students (to be filled-out by the BI Liaison Officer): student visa, birth certificate, certificate of financial support, and other requirements by the Bureau of Immigration) Remarks: _____	

PROMISSORY NOTE

I promise to submit my lacking admission requirements to wit: _____

_____ on or before the end of the enrollment period of the school term.

Student's signature

Date

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 enrolment for the degree program and academic records for prospective job opportunities and other legal purposes.
2. I give 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.

I fully and honestly declare that the information provided here in my pre-registration form is true and correct;

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