



UNIVERSITY OF SAN CARLOS
Cebu City

Date

Sir/ Madam:

We, the undersigned students would like to petition for the offering of the course with a descriptive title, units, (Time/Day/Room). The reason/s for this request is/are the following:

- () This is an off semester course.
() This is a pre-requisite course for the next semester offering.
() This is the only course left for us to graduate this semester.
() Others (pls. specify the reason):

We hereby affix our signatures to signify our agreement and voluntary acceptance of the responsibility to settle the corresponding financial obligations. We freely bind ourselves to the conditions/procedures stated below.

IMPORTANT

- 1. Petitioner should accomplish the form in triplicate. (1 copy each: Registrar, Department, Accounting Office). AVOID ERASURES AND PLEASE WRITE LEGIBLY.
2. The Department shall take charge in the advising of the petitioned course on the basis of the approved copy.
3. Conflict of schedule, overload, and violation on the sequence of prerequisite course/s are STRICTLY NOT ALLOWED.
4. If there are special arrangements made, the student/s should seek the approval of the VPAA through the Department Chair, the College Dean and the Registrar. The student should present such approval to the ARIS staff for enrolment on or before the enrolment adjustment period ends.
5. Request for change of class schedule will only be accommodated upon presentation of the approved request form and the class list with signatures of petitioners.
6. In case of withdrawal of enrolment or failure to enrol, the student concerned shall still be assessed with the calculated school fees.

THESE POLICIES/REGULATIONS SHOULD BE STRICTLY OBSERVED AND ENFORCED TO FORESTALL A RECURRENCE OF ADVERSE CASES WHICH THIS OFFICE HAS BEEN RECEIVING; OTHERWISE, WE WILL BE CONSTRAINED NOT TO RECOGNIZE THE UNITS EARNED BY THE RESPECTIVE STUDENTS.

Table with 4 columns: ID NO., NAME OF STUDENTS, CURRICULUM & YEAR, SIGNATURE. Multiple rows for student information.

1.) Regular Rate of Course :
Assessed Units of Course :
No. of Contact Hours/Week:
Estimated Charge/Student :
Signature (Auditor) :

2.) Instructor Assigned:
Rate Based on Acad. Rank/Unit:

Course Chair
College Dean

Curriculum Chair
University Registrar

Vice President for Academic Affairs

