REQUEST FORM FOR ADDITIONAL COURSE NOT OFFERED DURING THE REGULAR SEMESTER

_____
Date

The Dean
Institute of _____

Sir/Madam:

I, the undersigned, humbly request for your kind consideration in allowing me to take speciall classes in the following subject/s this 1st/2nd semester/Summer, AY 20____ - 20 ____:

Course Code_____ Units_____

Course Description_____

Conforme of Instructor_____

Rest assured that I shall render the best effort and complete the required number of hours.

Respectfully yours:

_____ Student No.: _____
Student's Signature Over Printed Name

Recommending Approval:

_____
Program Coordinator

Noted:

_____
College Registrar

Approved:

_____
Vice Pres, for Academic Affairs

ASSESSMENT AND PAYMENT OF SPECIAL/TUTORIAL FEES

Course Code	*No. of Students Enrolled*	*Instructor*	*Amount Assessed*	*Amount Paid*	*Date Paid*	*OR No./Payment Received by*	*Balance*

Accomplished this form in 5 copies: PC, REGISTRAR, MIS, HR, BILLING OFFICE AND STUDENT