

Student Number:		Student Name:	
Major:		Pre-registration date:	
Status:		Pre-registration time:	

If you wish to take course(s) with "AUDIT" and/or PASS/FAIL option, indicate respectively by "AU" and/or P/F in the space provided

Courses selection:

Course Number	Sect.	Course Title	SCH	Day(s)	Time
Total Credit Hours =					

Alternate Courses:

Course Number	Sect.	Course Title	SCH	Day(s)	Time

Advisor's Name: _____ Advisor's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____

Dean's Approval: _____ Date: _____
Required for over-load (6 courses—excluding Ped1201- if CGPA is below 3.0), taking a course for the third time

Student's Signature: _____ Date: _____ Enrollment Services: _____ Date: _____