



# MABALACAT CITY COLLEGE

## OFFICE OF THE COLLEGE REGISTRAR

### PERMIT TO CROSS-ENROLL APPLICATION FORM (Another Institution)

1. HOST SCHOOL INFORMATION	
Name of Registrar:	
School:	
Address:	

2. STUDENT INFORMATION	
Name of Student:	
Student ID Number:	
Year/Program:	
Semester/Academic Year:	

3. COURSE/S TO BE CROSS-ENROLLED		
Course Code	Descriptive Title	Units
Total Number of Units		

**Reasons for Cross-Enrollment:**  
Check the reason from the box below that apply to your case.

The course needed is not offered during the current term; or is no longer offered in the mother school.

The course is closed, dissolved or in conflict with another subject.

Others, specify: \_\_\_\_\_

\_\_\_\_\_  
 Signature of student over printed name

\_\_\_\_\_  
 Date

4. ACTION TAKEN			
<b>Recommending Approval:</b>		<b>Approved:</b>	
_____	_____	_____	_____
College Dean	Date	College Registrar	Date

**Instruction to students:**

- Submit this approved request form along with a photocopy of the approved enrollment form and receipt of payment to the Registrar's Office.
- After completion of said course/s, secure a Certification/Transcript of Records containing the final grades in a sealed envelope with the signature of the Registrar on the envelope flap addressed to:

Cross Registration  
 THE COLLEGE REGISTRAR  
 Mabalacat City College  
 Rizal St. Dolores, Mabalacat City, Pampanga

**IMPORTANT:** Accomplish this form in triplicate (1 copy for the Registrar, 1 copy for the accepting school, and 1 copy for the student's file).



# MABALACAT CITY COLLEGE

## OFFICE OF THE COLLEGE REGISTRAR

### **CROSS-ENROLLMENT APPLICATION FORM** (Inter-Institute)

1. STUDENT INFORMATION	
Name of Student:	
Student ID Number:	
Year/Program:	
Semester/Academic Year:	

2. COURSE/S TO BE ENROLLED							
This is to request permission to Cross-Enroll from the Institute of _____ to the Institute of _____ in the following:							
INSTITUTE COURSE/S				CROSS-ENROLLMENT COURSE/S			
Course Code	Descriptive Title	Units	Program / Year & Section	Course Code	Descriptive Title	Units	Program / Year & Section
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>Recommending Approval:</b>				<b>Approved by:</b>			
_____		_____		_____		_____	
Institute Dean		Date		Institute Dean		Date	
<b>Noted by:</b>							
_____				_____			
College Registrar				Date			

**IMPORTANT:** Accomplish this form in Quadruplicate (1 copy for the Registrar, 1 copy for the student's institute, 1 copy for the institute to cross-enroll, and 1 copy for the student's file).