

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

NAME: _____ SAIS NUMBER: _____

(Family Name)

(Given Name)

(MI)

STUDENT NUMBER: _____

SUBJECT	UNITS	SECTION	PREREQUISITE(S) Checked by OCS:	VALIDATED BY FACULTY-IN-CHARGE:

Total No. of Academic Units. _____

REMINDER: Students who enroll in courses without satisfying the prerequisites will have their enrollment in these courses cancelled. For prospective honor students with less than 15 units, please submit approved underload permit & supporting **documents ON OR BEFORE THE LAST DAY OF REGISTRATION.**

SIGNATURE OVER PRINTED NAME
ACADEMIC ADVISER

STUDENT'S SIGNATURE