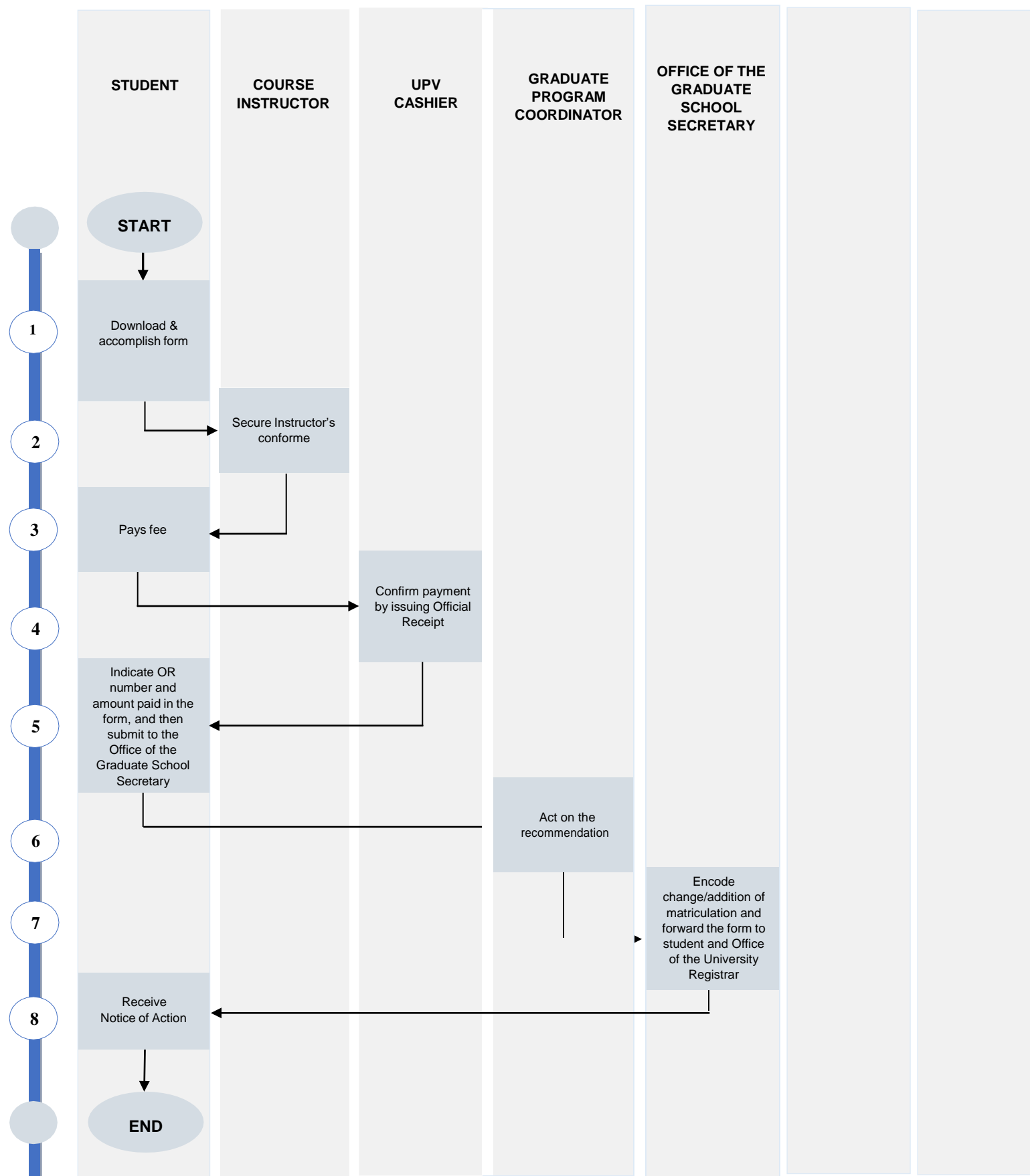


CHANGE OF MATRICULATION

Matriculation changes are only permitted for valid reasons. It is important to note that after the first week of regular class meetings, changes in matriculation that involve enrolling in a new subject are not permitted. The request for a change in matriculation must be recommended by the adviser and subsequently approved by the Dean.

Please find attached the flowchart outlining the process of changing matriculation, along with the prescribed form.

Change/Additional of Matriculation





UNIVERSITY OF THE PHILIPPINES VISAYAS

GRADUATE SCHOOL

General Luna St., 5000 Iloilo City, Philippines
 Email Address: gs-secretary.upvisayas@up.edu.ph


 (Please check appropriate boxes) ☐ **CHANGE** or ☐ **ADDITION OF MATRICULATION**

 _____ ☐ Semester ☐ Trimester A.Y. _____

Student's Copy

Name: _____ Degree Program: _____

Student Number: _____ E-mail: _____ Contact Number: _____

Subject Cancelled: _____ Credits: _____

Subject Authorized: _____ Credits: _____ Instructor's Name & Signature: _____

Remarks: _____ Fees Charged: _____ O.R. # _____ Date: _____

APPROVED:_____
Graduate Program Adviser_____
Date_____
Graduate School Secretary_____
Date

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 (Please check appropriate boxes) ☐ **CHANGE** or ☐ **ADDITION OF MATRICULATION**

 _____ ☐ Semester ☐ Trimester A.Y. _____

Graduate School's Copy

Name: _____ Degree Program: _____

Student Number: _____ E-mail: _____ Contact Number: _____

Subject Cancelled: _____ Credits: _____

Subject Authorized: _____ Credits: _____ Instructor's Name & Signature: _____

Remarks: _____ Fees Charged: _____ O.R. # _____ Date: _____

APPROVED:_____
Graduate Program Adviser_____
Date_____
Graduate School Secretary_____
Date

UNIVERSITY OF THE PHILIPPINES VISAYAS

GRADUATE SCHOOL

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 (Please check appropriate boxes) ☐ **CHANGE** or ☐ **ADDITION OF MATRICULATION**

 _____ ☐ Semester ☐ Trimester A.Y. _____

Registrar's Copy

Name: _____ Degree Program: _____

Student Number: _____ E-mail: _____ Contact Number: _____

Subject Cancelled: _____ Credits: _____

Subject Authorized: _____ Credits: _____ Instructor's Name & Signature: _____

Remarks: _____ Fees Charged: _____ O.R. # _____ Date: _____

APPROVED:_____
Graduate Program Adviser_____
Date_____
Graduate School Secretary_____
Date