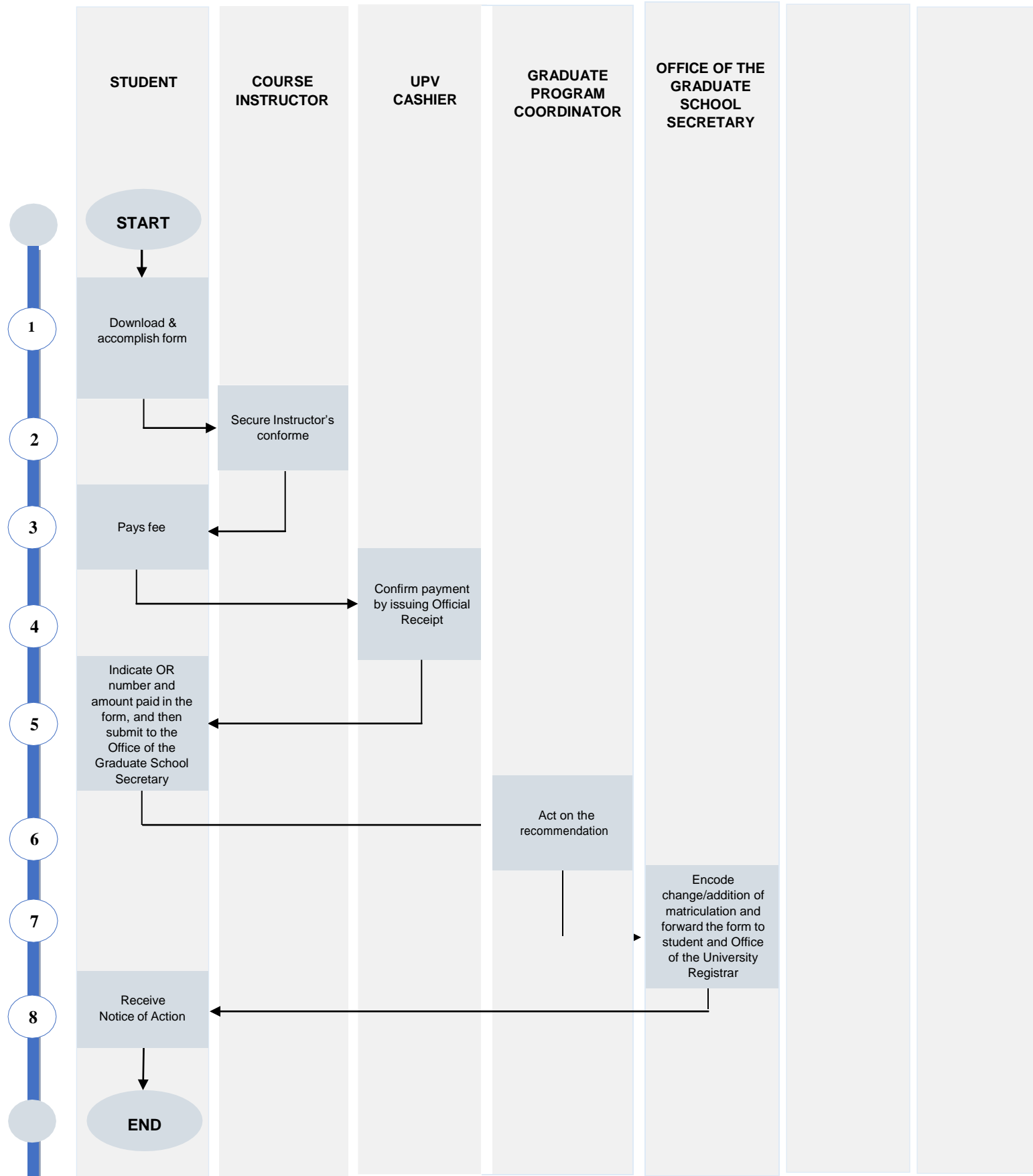


**CHANGE OF MATRICULATION**

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  
Telefax No. (033) 337-7982

Email Address: [gs-secretary.upvisayas@up.edu.ph](mailto:gs-secretary.upvisayas@up.edu.ph)



**Change/Addition of Matriculation**

\_\_\_\_\_ Semester/Trimester A.Y. \_\_\_\_\_ - \_\_\_\_\_

Student Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Subject Cancelled: \_\_\_\_\_ Credits: \_\_\_\_\_

Subject Authorized: \_\_\_\_\_ Credits: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_ Fees Charged: \_\_\_\_\_ O.R. # \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Adviser

Graduate School Secretary

Student's Copy



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**Change/Addition of Matriculation**

\_\_\_\_\_ Semester/Trimester A.Y. \_\_\_\_\_ - \_\_\_\_\_

Student Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Subject Cancelled: \_\_\_\_\_ Credits: \_\_\_\_\_

Subject Authorized: \_\_\_\_\_ Credits: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_ Fees Charged: \_\_\_\_\_ O.R. # \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Adviser

Graduate School Secretary

Graduate School Secretary's Copy



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\_\_\_\_\_ Semester/Trimester A.Y. \_\_\_\_\_ - \_\_\_\_\_

Student Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Subject Cancelled: \_\_\_\_\_ Credits: \_\_\_\_\_

Subject Authorized: \_\_\_\_\_ Credits: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_ Fees Charged: \_\_\_\_\_ O.R. # \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Adviser

Graduate School Secretary

Registrar's Copy