



**Colegio de San Juan de Letran Calamba**

City of Calamba, Laguna  
**REGISTRAR'S DEPARTMENT**  
BED Records Unit

REQUEST FOR CROSS ENROLLMENT			
DATE OF FILING:		_____ Semester/Summer, AY _____	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME	_____	ID NO.	_____
FIRST NAME	_____	GRADE	_____
MIDDLE INITIAL	_____	SECTION	_____
CONTACT INFORMATION			
MOBILE NO.	_____	PERSONAL e-MAIL ADD.	_____
SUBJECT/S TO CROSS ENROLL			
<b>Subject Code</b>	<b>Subject/Descriptive Title</b>	<b>Unit/s</b>	
_____	_____	_____	
_____	_____	_____	
		<b>Total Units</b>	_____
SCHOOL TO CROSS ENROLL		REASON/S FOR CROSS ENROLLMENT	
Name of School: _____		_____	
Address: _____		_____	
DATA PRIVACY CONSENT			
I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.			
Further, I agreed to the collection and processing of my data in relation to my request for <u>cross enrollment</u> to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.			
		_____ Signature over Printed Name/Date	
ACTION TAKEN			
Endorsed by:		[ ] Approved [ ] Disapproved by:	
_____ <b>Principal</b> Signature over Printed Name/Date		_____ <b>Registrar/BED Records Officer</b> Signature over Printed Name/Date	
<b>Notes:</b> 1. Fill out this form properly and secure the approval of the signatories. 2. Submit to the BED Records Unit for verification/evaluation. 3. Secure payment slip and pay the corresponding fee/s at the Cashier's Office. 4. Present the Official Receipt (OR) at the BED Records Unit to claim the <b>official cross enrollment permit</b> . 5. Submit copy of grade/s of cross enrolled subject/s <b>before deliberation period/or</b> before enrollment of the next academic year.			
		Student's Copy Received by: _____ Date: _____	



**Colegio de San Juan de Letran Calamba**

City of Calamba, Laguna  
**REGISTRAR'S DEPARTMENT**  
BED Records Unit

REQUEST FOR CROSS ENROLLMENT			
DATE OF FILING:		_____ Semester/Summer, AY _____	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME	_____	ID NO.	_____
FIRST NAME	_____	GRADE	_____
MIDDLE INITIAL	_____	SECTION	_____
CONTACT INFORMATION			
MOBILE NO.	_____	PERSONAL e-MAIL ADD.	_____
SUBJECT/S TO CROSS ENROLL			
<b>Subject Code</b>	<b>Subject/Descriptive Title</b>	<b>Unit/s</b>	
_____	_____	_____	
_____	_____	_____	
		<b>Total Units</b>	_____
SCHOOL TO CROSS ENROLL		REASON/S FOR CROSS ENROLLMENT	
Name of School: _____		_____	
Address: _____		_____	
DATA PRIVACY CONSENT			
I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.			
Further, I agreed to the collection and processing of my data in relation to my request for <u>cross enrollment</u> to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.			
		_____ Signature over Printed Name/Date	
ACTION TAKEN			
Endorsed by:		[ ] Approved [ ] Disapproved by:	
_____ <b>Principal</b> Signature over Printed Name/Date		_____ <b>Registrar/BED Records Officer</b> Signature over Printed Name/Date	
<b>Notes:</b> 1. Fill out this form properly and secure the approval of the signatories. 2. Submit to the BED Records Unit for verification/evaluation. 3. Secure payment slip and pay the corresponding fee/s at the Cashier's Office. 4. Present the Official Receipt (OR) at the BED Records Unit to claim the <b>official cross enrollment permit</b> . 5. Submit copy of grade/s of cross enrolled subject/s <b>before deliberation period/or</b> before enrollment of the next academic year.			

