OFFICE OF THE REGISTRAR

2544 Taft Avenue, Manila, Philippines 1004
Phone No. (632) 230-5100 loc.
(Taft) 1321 – 1324   (AKIC) 2332 – 2334   (SDA) 3323 - 3325
Email add.: registrar@benilde.edu.ph

**PERMIT TO
CROSS ENROLL**

HOST SCHOOL INFORMATION: *(To be filled in by the student)*

University Registrar	
University / College	
Address	

STUDENT INFORMATION: *(To be filled in by the student)*

Student's Name	Family Name	Given Name(s)	Middle Name
Academic Profile	ID Number	Degree Program	

COURSE INFORMATION: *(To be filled in by the student)*

Course Code	**Course Description**	**Units**

This is to certify that above-mentioned student is hereby granted permission to cross-enroll in your institution for the

_____**Term, SY**_____.

APPROVAL:

Noted by:	Approved by:
(Signature over Printed Name) / Date	**(Signature over Printed Name) / Date**
Program Chairperson	**Registrar**

**NOT VALID
WITHOUT SEAL**

Instructions: *Please submit the Certification/Transcript of Records containing the final grades in a sealed envelope on or before _____.*