



OFFICE OF THE REGISTRAR

950 P. Ocampo St., Malate Manila, Philippines 1004

Phone No. (632) 230-5100 loc. 3322-3325

Email add.: registrar@benilde.edu.ph

REQUEST FOR SPECIAL CLASS

____ Term, Academic Year ____

Note to Students:

Submit accomplished form to the Registrar within the adjustment period. Request is deemed null and void if received by the Office of the Registrar beyond this period.

Endorsing the request for a faculty member to handle a special class for:

<i>Course Code</i>	<i>Student's Full Name</i>	<i>ID Number</i>	<i>Degree Program</i>

For the following reason(s):

- Student is graduating at the end of the term. (The course is a requirement to graduate but said course is not offered during the term.) and/or
- The course is a requirement in the old curriculum but is not anymore offered and has no equivalence in the current curriculum.

FROM THE PROGRAM CHAIRPERSON AND ASSOCIATE DEAN/DEAN:

<i>TEACHER ASSIGNED</i>	<i>TEACHER'S CONFORME/DATE</i>	<i>PROGRAM CHAIRPERSON NAME/SIGNATURE/DATE</i>	<i>DEAN/ASSOC DEAN/DATE</i>

Noted by: _____
Associate Registrar / Date

Processed by: _____
Enrollment Associate / Date

RO-ET F005

Revised Aug2020