Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
Collegiate Records Unit

33:00-02-FO-06 rev.02 02222023
(Registrar's Copy)

REQUEST FOR STUDENT LOAD ADJUSTMENT

DATE OF FILING:		TERM: **[ ]** 1st **[ ]** 2nd **[ ]** Inter-Sem, A.Y.

PERSONAL INFORMATION		**ACADEMIC INFORMATION**	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	

CONTACT INFORMATION			
MOBILE NO.		PERSONAL EMAIL ADD.	

REQUEST FOR:

[ ] Simultaneous Enrollment of Courses
Course Code to be added:_____
Section:_____
Simultaneous with:_____

Notes:
- Students who are graduating at the end of Academic Year may be allowed to simultaneously enroll in pre-requisite course.
- The study load and sequence of courses shall be in accordance with the approved curriculum program. For simultaneous enrollment of courses, failure in the pre-requisite course will correspond to non-credit of advance course regardless of the student's performance in it.
- For Practicum – No simultaneous enrollment is allowed.

[ ] Additional Load/ Units:
SGPA: _____Additional no of units requested: _____
Course Code/s to be added: Section:
1. _____   _____
2. _____   _____

Actual Load/Units After Adjustment: _____

Without failure and w/ SGPA	Additional units allowed but not exceeding 30 units
2.00	+ 3 units
1.75	+ 6 units

Notes:
- If graduating at the end of Academic Year, may add a maximum of six (6) units.
- If with internship/OJT, student is allowed to take another course/subject with a maximum of six (6) units during internship period (CHED CMO. No. 104 s. 2017).

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 student load adjustment* 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:	Encoded by:
_____	_____	_____
College Records Officer	**Registrar**	**College Records Officer**
Signature over Printed Name	Signature Over Printed Name	Signature over Printed Name/Date

Student's Copy Received by: _____ Date:_____

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_____	_____	_____
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Signature over Printed Name	Signature Over Printed Name	Signature over Printed Name/Date