

UNIVERSITY OF THE PHILIPPINES LOS BANOS

NAME: _____
(Family, Given, Middle Initial)

SAIS NUMBER: _____
STUDENT NO.: _____

SUBJECT	UNITS	SECTION	PREREQUISITES: Checked by OCS:	VALIDATED BY FACULTY-IN-CHARGE

Total No. of Academic Units: _____

REMINDER: Students who enroll in courses without satisfying the prerequisites will have their enrollment in these courses cancelled. For prospective honor students with less than 15 units, please submit approved underload permit & supporting documents **ON OR BEFORE THE LAST DAY OF REGISTRATION.**

SIGNATURE OVER PRINTED NAME
ACADEMIC ADVISER

STUDENT'S SIGNATURE