

**AS - 3 - 04 Non-M.U. Students Request to Register**

**For FGS Officer**

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I am Mr./Mrs./Miss/Rank .....

**Previous Degree**  Bachelor  Master  Doctorate in .....  
 from University/Institute .....

**Current Study**  No  
 Studying in  Graduate Diploma  Master  Doctorate in .....  
 University/Institute .....

**Current Work** (Please specify name and address of your organization)  
 .....  
 .....

**Correspondence Address** .....

Tel. .... Fax. .... e-mail .....

**Course needed to register in the semester** ..... **academic year** .....

Course ID	Course Title	Credit	Fee/Credit	Total Fee	Type of Registration		Specify Letter Grade by FGS Officer
					Credit	Audit	

Signature ..... Date .....

**For FGS Officer**

Appointment date of receiving GR.42 Course List and INVOICE .....  
 at  Dean's Office, Salaya  
 Branch Office at .....

FGS Officer Signature ..... Date .....

**Course Add/Drop/Withdrawal**

Course ID	Course Title	Credit	Type of Registration		Add	Drop	Withdrawal	Specify Letter Grade by FGS Officer
			Credit	Audit				

Reason for Course Enrollment Change .....

Signature ..... Date ..... FGS Officer Signature ..... Date .....