Semester :_____ Academic Year:_____

	Subject/s	Units	Year & Section	Time	Days	Room	Instructor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Student's Name: _____

Student No.: _____

Course: _____

Year & Section: _____

Email address:_____

Mobile Number:_____

Approved by:

_____

Class Program Adviser Name, Signature & Date

Any erasure or alteration on this form will render this invalid unless initialed by the program adviser.

Reminders:

*For College Student: The maximum residency rule state that a student must finish the requirements equivalent to a maximum of one and one-half of the normal length prescribed for the course; otherwise he may not be allowed to enroll in the same course.

For Graduate Studies Student:

For Master's Program, a period of six (6) years is given to complete all the requirements including leaves, but in cases of students exceeding 6 years but already passed the comprehensive exam may be given an extension of one (1) year only. For Doctorate Program: a period of eight (8) years is given to complete all the requirements including leaves, but in cases of students exceeding 8 years but already passed the comprehensive exam may be given an extension of one (1) year only. (Pls. see IGS Student Manual p22-23)

**No student shall graduate from the College unless he has completed at least one (1) year (two regular subsequent semester) of residence work immediately prior to graduation.

***This Pre-advising form should be submitted to the Registrar's Office after paying the required fees for enrollment for proper recording and checking.

****This Pre-advising Form and the Assessment Form should be paid until one (1) month only from the start of classes. Otherwise, the enrollment will be **INVALID**.

○ I understand.

_____

Student's Name/Signature/Date