



METROPOLITAN MEDICAL CENTER
COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY
OFFICE OF THE REGISTRAR

Dropped / Changed / Subject/s to be Added
1st Sem / 2nd Sem / Summer, SY 20____ - _____

Student No.: _____ Name: _____ Date: _____

Course: _____ Year Level: _____
Surname First Name M.I.

Accounting Copy

Subject/s Being Dropped		Subject/s Changed		Subject/s to be Added	
Subject	Units	Subject	Units	Subject	Units

Total Units: _____

Reason/s: _____

Requested by: _____ Recommended by: _____ Approved by: _____

 (Signature over Printed Name) **Amelia B. Fernandez** _____
 Registrar Dean

Accounting Section:

*Charges (If any) P _____
*Assessed Amount P _____

Paid: P _____
O.R No. _____
Date: _____
Signature: _____

Checked by: _____
Laidey D. Rondina, Records System Officer



METROPOLITAN MEDICAL CENTER
COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY
OFFICE OF THE REGISTRAR

Dropped / Changed / Subject/s to be Added
1st Sem / 2nd Sem / Summer, SY 20____ - _____

Student No.: _____ Name: _____ Date: _____

Course: _____ Year Level: _____
Surname First Name M.I.

Registrar's Copy

Subject/s Being Dropped		Subject/s Changed		Subject/s to be Added	
Subject	Units	Subject	Units	Subject	Units

Total Units: _____

Reason/s: _____

Requested by: _____ Recommended by: _____ Approved by: _____

 (Signature over Printed Name) **Amelia B. Fernandez** _____
 Registrar Dean

Accounting Section:

*Charges (If any) P _____
*Assessed Amount P _____

Paid: P _____
O.R No. _____
Date: _____
Signature: _____

Checked by: _____
Laidey D. Rondina, Records System Officer