



**University of the Philippines**  
**OPEN UNIVERSITY**  
**Request to Change/Add/Cancel Matriculation**  
 \_\_\_\_\_ Semester, AY \_\_\_\_\_

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Degree Program: \_\_\_\_\_ SAIS Number (if applicable): \_\_\_\_\_

| Type <sup>1</sup>  | FROM:                 | Course | Units | Fees Charged |
|--|-----------------------|--------|-------|--------------|
| <input type="checkbox"/> CHANGE<br><input type="checkbox"/> ADD<br><input type="checkbox"/> CANCEL | FROM:                 |        |       | CM fee:      |
|  | Instructor Signature: |        |       | Tuition:     |
|  | TO:                   |        |       | Lab fee:     |
|  | Instructor Signature: |        |       |              |
| <b>Total Amount, ₱</b>   |                       |        |       |              |
| <b>Less Scholarship/Privilege/Grant, ₱</b>   |                       |        |       |              |
| <b>Total Amount Payable, ₱</b>   |                       |        |       |              |
| <b>OR No.</b>  |                       |        |       |              |
| <b>Date of Payment</b>   |                       |        |       |              |
| <b>Certified by:</b>   |                       |        |       |              |

Reason (please check):

- ill-advised     
  conflict of schedule     
  lacks pre-requisite  
 section closed     
  section dissolved     
  others, specify: \_\_\_\_

Endorsed:

Approved:

\_\_\_\_\_  
 Name & Signature of Student

\_\_\_\_\_  
 Name & Signature of Program Chair/Adviser

\_\_\_\_\_  
 Name & Signature of Dean  
 (or Faculty Secretary if authority is delegated)

**Reminders:**

1. Kindly refer to the Academic Calendar for the Change/Add/Change Matriculation period.
2. Please copy furnish the Office of the University Registrar with a copy of the approved form.

<sup>1</sup>If a student is requesting to change/add/cancel more than one (1) course, he/she must accomplish separate forms for each.

