



Application for Petition/Special Class

This Form must be accomplished in two (2) copies. One form per subject, per student. Incomplete Form will not be processed.

Name of Student: _____
Last Name First Name Middle Name

Student Number: _____ Course/Year Level: _____
Contact Number: _____

Application for Petition/Special Class:

School Year: _____ Semester: _____

Subject Code	Subject Description	Units	Hours
_____	_____	_____	_____

Reason/s:

I undertake to pay the necessary fee/s to be charged upon approval of this application.

*Estimate fee is _____
based on _____ students to enroll the course.*

(Student's Signature over Printed Name)

(Parent/Guardian's Signature over Printed Name)

Date: _____

Date: _____

Recommending Approval:

College
Dean
Date: _____

Schedule: Day _____ Time _____ Room _____

Faculty: _____

Conforme: _____

Application approved by:

Dr. Lalaine V. Manalo _____
SVP, Academics and Research Date

Sherryl M. Gevana _____
School Registrar Date