



Republic of the Philippines
CAGAYAN STATE UNIVERSITY
 Carig, Tuguegarao City, Cagayan
 Email: csuregistrar@yahoo.com
 Ph: (078)846-7470 loc. 231; (078)844-0102

OFFICE OF THE UNIVERSITY REGISTRAR

CROSS-ENROLMENT PERMIT

_____ Date

The Registrar

Dear Sir/Madam:

Please permit Mr/Ms _____ a _____ year student in the College of _____ of this University, to cross-enroll in your school to take the following subject/s this _____ semester, School Year, _____ summer _____.

Subject/s Code	Descriptive Title	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason to cross-enroll: _____.

This permit is valid only for the above-mentioned terms and for the subject/s indicated.

Recommending Approval:

Dean/Asst. Dean

Approved:

University Registrar

This permit is not valid if there is any alteration for erasure and without the University Seal