

THE PHILIPPINE WOMEN'S UNIVERSITY
Taft Avenue, Manila

OFFICE OF THE UNIVERSITY REGISTRAR
SPECIAL CLASS

This is to request for special classes under a special contract for the reason stated below, we acknowledge that we shall pay the necessary fee and charges, as assessed.

Trimester/School Year _____ College/Department _____
Subject Description _____ Section Code _____
Day: _____
Subject Code: _____ Unit: _____ Time: _____ Room: _____
Faculty: _____
Reason: _____

	Student No.	Name of Student	Year & Course	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

RECOMENDING APPROVAL

Dean University Registrar

APPROVED:

Vice President for Academic Affairs

Assessment P _____ (per student) _____
No. of Students _____
Total Assessment (Per Class) _____
Assessed by: _____
Date: _____

Copies Received:

NOTE: ATTACH PARENT'S PERMIT
TO ENROLL AND ACCEPTANCE FEES

- 1. Registrar _____
- 2. Accounting _____
- 3. Dean _____
- 4. HRD _____