

UPOU FORM

UP OPEN UNIVERSITY
CHANGE OF MATRICULATION FORM

Registrar's Copy

Student No.	Student Name (Family, First, Middle)	Degree
Semester	Learning Center	Date: _____ Change of Mat Fee: _____ Addt'l Tuition Fee: _____ Addt'l Inst. Mat Fee: _____ TOTAL: _____
Subject/s Cancelled 1. _____ 2. _____	Subject/s Added 1. _____ 2. _____	Student's signature
Reason: _____ Total number of units enrolled including additional subjects: _____		LC Coordinator's signature

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Dean's Copy

Student No.	Student Name (Family, First, Middle)	Degree
Semester	Learning Center	Date: _____ Change of Mat Fee: _____ Addt'l Tuition Fee: _____ Addt'l Inst. Mat Fee: _____ TOTAL: _____
Subject/s Cancelled 1. _____ 2. _____	Subject/s Added 1. _____ 2. _____	Student's signature
Reason: _____ Total number of units enrolled including additional subjects: _____		LC Coordinator's signature

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EDP's Copy

Student No.	Student Name (Family, First, Middle)	Degree
Semester	Learning Center	Date: _____ Change of Mat Fee: _____ Addt'l Tuition Fee: _____ Addt'l Inst. Mat Fee: _____ TOTAL: _____
Subject/s Cancelled 1. _____ 2. _____	Subject/s Added 1. _____ 2. _____	Student's signature
Reason: _____ Total number of units enrolled including additional subjects: _____		LC Coordinator's signature

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Student's Copy

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