LAGUNA UNIVERSITY
Registrar's Office
Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna
Tel. No. (049) 576-4359

APPLICATION FOR PETITIONED CLASS	
DATE OF FILING:	TERM: [ ] 1st [ ] 2nd [ ] Mid-Year, A.Y.
COURSE CODE:	COURSE TITLE:

By signing on this form, I, the petitioner for the offering of the above stated course, truthfully and legally state:
1. that my request was validated by my Program Chair;
2. that I cannot withdraw my application for Petitioned Class;
3. that I/we will shoulder the total cost if the required class size has not been met; and
4. that I authorize the Cashier's Office to include in my account the assessment cost even if I did not continue enrolling in the approved petitioned course.
5. that I agree to collection and processing of my data for the purpose of processing our application for petitioned class to Laguna University. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that the personal information I provided shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.

Student No.	Student Name (Printed)	Program	Purpose (#1.back course, or #2 retake)	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

More than 15 petitioners, kindly use separate sheet

Endorsed by:	Noted by:
Program Chair	Dean

Recommending Approval:

Registrar

Approved by:

VP for Academic Affairs   VP for Planning & Finance

(For use by the Registrar's Office)	
Received by:	Encoded by:
Date:	Date

CLASS SCHEDULE			
Course Code:		Section:	
Units/Hrs:	Day:	Time:	Room:

Conforme:

Name and Signature of Teaching Personnel

Total Load (units/hrs): _____   Total No. Preparations (lec/lab): _____

COURSE COSTING PER STUDENT *(For Cashier's use):*

Computed by	Date