

**LAGUNA UNIVERSITY****Registrar's Office**

Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna

Tel. No. (049) 576-4359

APPLICATION FOR CROSS ENROLLMENT☐ Inbound ☐ Outbound

PERSONAL INFORMATION				ACADEMIC INFORMATION			
Last Name				Student No.			
First Name				For Inbound: Name of Home School		For Outbound: Name of Preferred School	
Middle Name							
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			Address of Home School:		Address of Preferred School:	
Citizenship							
Birthdate (mm/dd/yyyy)				CONTACT INFORMATION			
Birthplace				Mobile No.			
Parent/Guardian				Email Address			
Address of Parent/Guardian				Home Address			
COURSES TO BE ENROLLED							
Schedule No	Course Code	Course Title	Units	Time	Day	Room	Teaching Personnel
Total No. of Units			Term & AY				
CLEARED FOR CROSS ENROLLMENT				CONFORME			
OFFICE OF THE DEAN		DATE		For Inbound Students: I understand and agree that I am bound by the same academic, discipline and administrative policies and procedures governing students of Laguna University.			
OFFICE OF THE REGISTRAR		DATE					
				_____ Signature over Printed Name/Date			
DATA PRIVACY CONSENT:							
<p>I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the established guidelines of Laguna University</p> <p>Further, I agree to collection and processing of my data for the purpose of processing my cross enrolment. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information 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.</p>							
Student Signature over Printed Name/Date							