Republic of the Philippines
**CEBU TECHNOLOGICAL UNIVERSITY**
TUBURAN CAMPUS
Brgy 8, Tuburan, Cebu, Philippines
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## MANAGEMENT INFORMATION SYSTEMS (MIS) OFFICE

Student ID Number: _____

Student Name: _____
*Last Name* *First Name* *Middle Name*

Course: _____

Year and Section: _____ Total number of units **BEFORE** CAWDS: _____

Reason for requesting change/s: _____

_____

Change Requested (check all that apply):

- ☐ CHANGE OF COURSE/MAJOR/SPECIALIZATION
- ☐ CHANGE OF SUBJECT/S
- ☐ ADDITION OF SUBJECT/S
- ☐ DROPPING OF SUBJECT/S
- ☐ WITHDRAWAL OF SUBJECT/S

Request Details:

| **FROM** | | | | **TO** | | | | Approval | |
|---|---|---|---|---|---|---|---|---|---|
| Subject | MIS Code | Unit | Schedule | Subject | MIS Code | Unit | Schedule | Chair/Dean Remarks | Signature |
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Total number of units **AFTER** CAWDS: _____

_____
Student Signature Over Printed Name

Approved:

_____
Registrar

Encoded:

_____
MIS