



Republic of the Philippines
CEBU TECHNOLOGICAL UNIVERSITY
 TUBURAN CAMPUS
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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

Total number of units **AFTER** CAWDS: _____

 Student Signature Over Printed Name

 Enrolment Committee/Dept Chairperson

Approved:

 Registrar

Encoded:

 MIS

