Republic of the Philippines
CEBU TECHNOLOGICAL UNIVERSITY
TUBURAN CAMPUS
Brgy 8, Tuburan, Cebu, Philippines
Website: http://www.ctu.edu.ph E-mail: tuburan.campus@ctu.edu.ph
Phone: +6332 463 9313

BAGONG PILIPINAS

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