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| 41803_112033114543_134601135_q.jpg | **REGISTRATION PETITION REQUEST FORM**  |
| Semester 🖵/20🖵🖵 |
|  **Student Information** |
| Student Name: |  |
| Student Identification Number: | 🖵🖵-02-64-🖵🖵🖵🖵 |
| Phone: | 🖵🖵🖵-🖵🖵🖵-🖵🖵🖵🖵 |
| Email Address: |  |
| Major [tick one or two (for double major)]: ⭘AC, ⭘FN, ⭘MK | Minor [tick one (if any)]: ⭘AC, ⭘FN, ⭘MK, ⭘OM |
| **Course Assignment** |
| The BBA International Program has assigned the following courses according to the study plan.  |
| Course#1 | 🖵🖵 🖵🖵🖵 | Course#6 | 🖵🖵 🖵🖵🖵 |
| Course#2 | 🖵🖵 🖵🖵🖵 | Course#7 | 🖵🖵 🖵🖵🖵 |
| Course#3 | 🖵🖵 🖵🖵🖵 | Course#8 | 🖵🖵 🖵🖵🖵 |
| Course#4 | 🖵🖵 🖵🖵🖵 | Course#9 | 🖵🖵 🖵🖵🖵 |
| Course#5 | 🖵🖵 🖵🖵🖵 | Course#10 | 🖵🖵 🖵🖵🖵 |
| **Petition Request Issues** |
| **ISSUE 1:** I would like to file this petition request for approval to register less than 9 credits or more than 19 credits.  |
| ⭘ I would like to register for the courses **less than 9 credits** in this semester. (not applicable for summer session) | [Please specify reason]  |
| ⭘ I would like to register for the courses **more than 19 credits** in this semester (or 6 credits for summer session)  | *IMPORTANT: Attach academic transcript with this petition.* [Please specify reason]  |
| **ISSUE 2:** I would like to file this petition request for approval to register in additional courses or not to register in the courses assigned.  |
| ⭘ I would like to register in **additional courses** listed below. |
| Course#1A | 🖵🖵 🖵🖵🖵 | [Please specify reason] |
| Course#2A | 🖵🖵 🖵🖵🖵 | [Please specify reason] |
| Course#3A | 🖵🖵 🖵🖵🖵 | [Please specify reason] |
| ⭘ I would **not** like to register in the **courses assigned** by the Program listed below. |
| Course#1N | 🖵🖵 🖵🖵🖵 | [Please specify reason] |
| Course#2N | 🖵🖵 🖵🖵🖵 | [Please specify reason] |
| Course#3N | 🖵🖵 🖵🖵🖵 | [Please specify reason] |
| **ISSUE 3:** [Other issue please specify] |
| **Acknowledgement Statement** |
| *I hereby acknowledge that not registering for the course(s) assigned by the Program according to the study plan* *may delay my graduation. I will be responsible for my own study plan in the future.* *I accept the risk of schedule conflicts or changes in course offering in the future.* |
| Student Signature: [or type student name for electronic signature] |  |
| Date of petition filing: [DD/MM/20YY] | 🖵🖵/🖵🖵/20🖵🖵  |