

	EASTERN VISAYAS STATE UNIVERSITY Tacloban City		
	Title of Form: Adding/Dropping/Changing		Control No. EVSU-REG-F-001
			Revision No. 1
			Date November 6, 2019

GRADUATE SCHOOL

Dean's Copy

Name: _____ Semester: _____
 Course: _____ Year: _____ School Year: _____

Subject/s	Units	Schedule		Instructor (Name & Signature)	Remarks
		Day	Time		
Total					

Approved:

 Dean Registrar

	EASTERN VISAYAS STATE UNIVERSITY Tacloban City		
	Title of Form: Adding/Dropping/Changing		Control No. EVSU-REG-F-001
			Revision No. 1
			Date November 6, 2019

GRADUATE SCHOOL

Student's Copy

Name: _____ Semester: _____
 Course: _____ Year: _____ School Year: _____

Subject/s	Units	Schedule		Instructor (Name & Signature)	Remarks
		Day	Time		
Total					

Approved:

 Dean Registrar

	EASTERN VISAYAS STATE UNIVERSITY Tacloban City		
	Title of Form: Adding/Dropping/Changing		Control No. EVSU-REG-F-001
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GRADUATE SCHOOL

Accounting's Copy

Name: _____ Semester: _____
 Course: _____ Year: _____ School Year: _____

Subject/s	Units	Schedule		Instructor (Name & Signature)	Remarks
		Day	Time		
Total					

Approved:

 Dean Registrar

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GRADUATE SCHOOL

Registrar's Copy

Name: _____ Semester: _____
 Course: _____ Year: _____ School Year: _____

Subject/s	Units	Schedule		Instructor (Name & Signature)	Remarks
		Day	Time		
Total					

Approved:

 Dean Registrar