UNIVERSITY OF THE PHILIPPINES MINDANAO □CSM □CHSS □SOM

TRACER NO.	
Sem. 20	20

			OFTE		HD N	PRE-REGISTRATION		REG. REGISTRATION	
Subject/Course No.	Units	Section (Lec./Lab.)	Time	Time Days	Room No.	Validated by	Cancelled by	Validated by	Cancelled by
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TIME	M	T	\mathbf{W}	TH	F
7:00-8:30					
8:30-10:00					
10:00-11:30					
11:30-1:00					
1:00-2:30					
2:30-4:00					
4:00-5:30					
5:30-7:00					

I hereby certify that:

- 1. I have satisfied the prerequisites of courses that I enlisted; and
- 2. I have reviewed the schedules and there are no conflicts.

I am aware that my violation of these will result in cancellation of my enrollment in the course(s) in question.

	NOTED:
ent Signature	Adviser (Signature over Printed Name)
	(Signature over Prir

UP Form 5a

UNIVERSITY OF THE PHILIPPINES MINDANAO □CSM □CHSS □SOM

TRACER NO					
Sem. 20 _	20				

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TT. **	Section	Time Days	DEII	HA W	PRE-REGISTRATION		REG. REGISTRATION	
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To be filled up after validation of all courses:

FINAL SCHEDULE: Please shade the area used for classes.

CERTIFICATION

TIME	M	T	W	TH	F
7:00-8:30					
8:30-10:00					
10:00-11:30					
11:30-1:00					
1:00-2:30					
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	NOTED:
a 1 a	(4.1.*)
Student Signature	(Adviser)
	(Signature over Printed Name)