

COLLEGE OF MUSIC
REQUEST FOR LIFTING OF INELIGIBILITY
____ Semester 20____-20____

(To be filled in by the student)

Name: _____
Student Number: _____ Degree Program: _____
Signature: _____ Date: _____

(To be filled in by the College SRE)

The above-specified student is ineligible to enroll due to:

- Warning*----- Proceed to Steps 1, 2
- Probation**----- Proceed to Steps 1, 2, 3
- Non-compliance with the conditions set by the Department the previous semester--- Proceed to Steps 1, 2
Condition/s not met: _____
- Non-compliance with the conditions set by the Department the previous semester--- Proceed to Steps 1, 2, 3
Condition/s not met: _____
- AWOL (good standing) _____ Proceed to Steps 1, 2, 3
- OTHERS: (Please Specify) _____ Proceed to Steps _____

Attached documents:

- Letter of Request (for readmission w/ adviser's justification) Warning, Probation & AWOL
- True Copy of Grades _____ Timetable/Study Program _____ OCG Certification
- Others (Please specify) _____

Printed Name and Signature of College SRE: _____ Date: _____

	Recommendation	Remarks
STEP 1 DEPARTMENT Name and Signature: _____ Department Chairman Date: _____	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	
STEP 2 OFFICE OF THE COLLEGE SECRETARY Signature: DR. JOCELYN T. GUADALUPE College Secretary Date: _____	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	
STEP 3 OFFICE OF THE DEAN Signature: DR. LAVERNE C. DE LA PEÑA Dean Date: _____	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	

*51-75% passing in the total number of academic units the previous semester

**25-50% passing in the total number of academic units the previous semester