



The Philippine Women's University
 and its Affiliate Schools for Men and Women
 Taft Avenue, Manila

GRANTED AUTONOMOUS STATUS BY THE COMMISSION ON HIGHER EDUCATION IN JUNE 2008

SPECIAL CLASS

This is to request for special classes under a special contract for the reason stated below, we acknowledge that we shall pay the necessary fee and charges, as assessed.

Trimester / School Year _____ College / Department _____
 Subject Description _____ Section Code _____
 Day: _____
 Subject Code: _____ Unit: _____ Time: _____ Room: _____
 Faculty: _____
 Reason: _____

Student No.	Name of Students	Year & Course	Signature / Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

RECOMMENDING APPROVAL

 Dean University Registrar

APPROVED:

 Vice President for Academic Affairs

Copies Received:

**NOTE: ATTACH PARENT'S PERMIT
 TO ENROLL AND ACCEPTANCE FEES**

Assessment P _____ (per student) _____
No. of Students _____
Total Assessment _____ (Per Class)
Assessed By: _____
Date: _____

- 1. Registrar _____
- 2. Accounting _____
- 3. Dean _____
- 4. HRD _____



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SUBJECT LOAD BY SPECIAL CONTRACT

Instructor / Professor: _____ F.T. _____ P.T. _____
College / Department: _____ Semester / School Year: _____

Subject Code	Subject Description	Units	No. of Students	Section	Time	Day	Room	Rate

1. Conforme

2. Recommending Approval

Dean / Director / Date

3.

University Registrar / Date

4. Reviewed By:

HRD / Administrators / Date

5. Approved By:

Vice President for Academic Affairs