



EVALUATION FORM FOR RETURNEE

College: _____

Name of Student: _____ SR Code: _____

Program to be taken: _____ Previous Program: _____

Table with 5 columns: Credited Courses (Course Title), Course Code (PP, NP), No. of Units (PP, NP), and Grades. The table contains 15 empty rows for data entry.

PP- Previous Program
NP-New Program

Total no. of courses credited: _____

Total no. of required courses: _____

Total no. of courses not credited: _____

Total no. of courses to be taken this semester: _____ [] 1st sem [] 2nd sem [] Midterm
AY _____

Evaluated by: _____
(Signature of Evaluator over printed name)
Date:

Reviewed by: _____
Dean/Department Chair
Date:

Verified by: _____
Registrar Staff
Date:

Approved by:

University Registrar
Date: