



CENTRAL PHILIPPINE UNIVERSITY
Iloilo City, Philippines

Office of the Registrar

Date: _____

REQUEST FOR CHANGES/REVISION

- New Curriculum
- Revised Curriculum
- New Course
- Changes in Course

(If new curriculum, submit the same with respective lab fees & codes)

Old Course Code (Max 10-char) _____

New Course Code (Max 10-char) _____

Course Description: (Max 80-char) _____

Lecture Hours: _____ Laboratory Hours: _____

Academic Units: _____ Business Units: _____

Effectivity Date: _____

(If with Lab fee, to be filled up by the Accounting Office)

Lab Fee Amount: P _____

Lab Fee Code: _____

Lab Fee Accounts Code: _____

Requested by: _____ Approved: _____

Principal/Dean

Accounts Receivable-Chief

Registrar

VPAA



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