DE LA SALLE UNIVERSITY-DASMARIÑAS
OFFICE OF THE REGISTRAR

ADVISING FORM

Nationality: _____ Student type:: _____
(Regular, Irregular, Shiftee, Transferee, 2nd Course Taker or Returnee)

Name: _____ Student No. _____
(Last Name) *(First Name)* *(M.I.)*

Program Code: _____ Sex: _____ Religion: _____

Parent's/Guardian Name: _____

Civil Status: _____ Birthdate: _____ Tel. No.: _____

Address: _____ _____ _____ _____
No./Block No./Lot No. *Street* *Subdivision/Barangay* *Town/Municipality*

_____ _____
Province/City *Zip Code*

CourseCode	SectCode	Course Title	Units	Time	Days	Room

Total Units Enrolled: _____ Maximum Units Allowed: _____

Advised by: _____ Date: _____
(Signature over Printed Name)

Noted by: _____ Date: _____
Associate Dean/Dean
(Signature over Printed Name)

JJD/djpm
15 September 2003