(To be accomplished in 3 copies)

CENTRAL PHILIPPINE UNIVERSITY
Jaro, Iloilo City

<u>**STUDY PERMIT for FACULTY/STAFF**</u>
___Semester/ Summer SY**____**

Date   _____

CPU School ID#:   _____

Emp. Status: _____

Date Hired: _____

☐ Faculty   ☐ New

☐ Staff   ☐ Continuing

Attached Documents:

☐ Grades in the previous semester

☐ Scholarship Contract (if new applicant for scholarship)

☐ Justification Letter for No Grades/INC Grades

☐ Promissory Letter when to submit grades

☐ Others: _____

Course to Enroll in: _____
(Course/Degree/Year Level/Major)

School_____.
(Name of School and Address)

Subjects to enroll in	Units	Class Schedule	To be Filled up by Business Office For those on Tuition Waiver & Scholarship:	
			Tuition	Miscellaneous
TOTAL				

(for Faculty) My teaching load in the dep't./college _____ is ____ units

(for Staff) My work-hours in _____ are from ____ to ____ _____
           (Office)   *(Days)*

     I understand that if classes are held on such schedule that will create conflict between my teaching or work responsibilities and my studies, I will give my job the priority and attend first to my teaching/work responsibilities.
     I certify that all data submitted in this form are true and correct.

School Attended	School Year	Units Earned	Scholarship
	Total Units		

_____
Name and Signature

CERTIFIED ALLOWED TO ENROLL:

_____
Name & Signature of Dean/Principal of School Attended

To be checked and filled up by Department Head/Principal:

☐ He/she is being developed for the instruction program in the department of _____ on the subject area _____

☐ He/she is being developed for administrative purposes.

☐ Course taken is not in line with the subjects taught or job description as staff in the University.

If applying for Scholarship:

He/she is recommended to be given the following Scholarship Grant:

☐ Faculty/Staff Development   ☐ CHED   ☐ Others: _____

Recommended by:

_____   _____
Department Head (*Name/Signature*)   Dean/Principal (*Name/Signature*)

To be filled out by HRD Office:

This study permit is approved for ☐ Personal Expense ☐ Tuition Waiver ☐ Scholarship : _____
                                                        ___ Units

Name & Signature of HRDO Personnel: *Date:*

Favorably Endorsed by: **APPROVED by :**

_____   _____   _____
Director, HRDO   VPAA   President

Remarks: *Remarks:*   *Remarks:*