

APPLICATION TO SHIFT TO NEW PROGRAM OF STUDY

GENERAL INSTRUCTIONS

- THIS FORM SHALL BE USED BY STUDENTS APPLYING TO SHIFT TO ANOTHER PROGRAM.
- THE STUDENT FILLS OUT SECTION 1 COMPLETELY.
- THE REGISTRAR'S OFFICE WILL VERIFY THE INFORMATION AND SIGNATURES OF SECTION 1
- THE STUDENT MUST ACCOMPLISH ALL ENDORSEMENT BEFORE SUBMITTING THIS FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING.
- THE REGISTRAR'S OFFICE SHALL POST THE NAMES OF THOSE QUALIFIED TO SHIFT ON OR BEFORE THE ENROLLMENT OF THE TERM WHICH THE NEW PROGRAM OF STUDY OF THE STUDENT IS TO TAKE EFFECT.

TERMS AND CONDITIONS

- ONLY THE GRADES ON COURSES UNDER THE NEW PROGRAM, AND THE COURSES TAKEN IN MCL AND CREDITED TO THE NEW PROGRAM SHALL BE INCLUDED IN THE COMPUTATION OF GENERAL WEIGHTED AVERAGE (GWA).
- APPROVED SHIFTERS SHALL APPLY FOR COURSE CREDIT EVALUATION ON THE PERIOD PRESCRIBED BY THE REGISTRAR'S OFFICE.
- WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS FOR SHIFTING TO ANOTHER PROGRAM AND AGREE TO THE SAME.

STUDENT'S SIGNATURE OVER PRINTED NAME / DATE

PARENT'S / GUARDIAN'S SIGNATURE OVER PRINTED NAME / DATE

STUDENT'S INFORMATION

LAST NAME / FIRST NAME / MIDDLE INITIAL STUDENT NUMBER

STUDENT'S CONTACT NUMBER

PARENT'S / GUARDIAN'S CONTACT NUMBER

| | | | |
|-----------|-----------------|-------------|-----------------------------------|
| SY / TERM | CURRENT PROGRAM | NEW PROGRAM | VERIFICATION (REGISTRAR'S OFFICE) |
| | | | |

RO STAFF / DATE

REASON FOR SHIFTING TO ANOTHER PROGRAM:

ENDORSEMENT (to be accomplished by the student)

| CGC | DATE | REMARKS | SIGNATURE / DATE |
|--------------------|---------------|----------------|------------------|
| Career Counselling | | | |
| CHSW | DATE ENDORSED | DATE SUBMITTED | REMARKS |
| PHYSICAL /MEDICAL | | | |
| ISHIHARA TEST | | | |

ACTION TAKEN DATE OF INTERVIEW:

- COMPLETED ALL REQUIREMENTS AND INTERVIEW APPROVED DENIED

PROGRAM CHAIR / DATE

DEAN OF COLLEGE / DATE

SYSTEM UPDATE

RO STAFF / DATE

RO-028-01

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