



# REQUEST TO SHIFT/TRANSFER FORM

Document No.: FM-RO-11-00

Effective Date: June 2, 2014

**REQUEST TO**

Shift

Transfer

**BILLING NO.** \_\_\_\_\_

Amount: \_\_\_\_\_

NAME :

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

STUDENT NO. : \_\_\_\_\_

CONTACT NO. : \_\_\_\_\_

QUARTER/AY : \_\_\_\_\_

PROGRAM : \_\_\_\_\_

TO \_\_\_\_\_

REASON/S FOR SHIFTING/TRANSFERRING : \_\_\_\_\_

## CLEARANCES:

Center for Guidance and Counselling : \_\_\_\_\_

Center for Student Advising: \_\_\_\_\_

Office of the Prefect of Discipline : \_\_\_\_\_

## TO BE FILLED OUT BY THE OFFICE OF THE REGISTRAR

| ACADEMIC YEAR | QUARTER | WEIGHTED AVERAGE | COURSES FAILED | ACADEMIC STATUS |
|---------------|---------|------------------|----------------|-----------------|
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |
|               |         |                  |                |                 |

**PRESCREENING : Qualified to shift/Transfer?**

Yes

No

**GWA :** \_\_\_\_\_

Prepared by/Date:

RO Personnel

Approved by/Date:

Registrar

## TO BE FILLED OUT BY THE ACCEPTING SCHOOL

Student is allowed to shift/transfer to (program) : \_\_\_\_\_

Effective \_\_\_\_\_ TERM/AY \_\_\_\_\_

**REMARKS :**

Printed name of Dean/Program Chair

Signature of Dean/Program Chair