



REQUEST TO SHIFT/TRANSFER FORM

Document No.: FM-RO-11-02

Effective Date: July 28, 2017

REQUEST TO SHIFT TRANSFER

BILLING NO. _____

REQUIREMENTS: Consent Letter from Parents
 Photocopy of Valid ID of Parents

Amount: _____

_____ QUARTER, AY _____

NAME : _____
Last First Middle

STUDENT NO. : _____ CONTACT NO. : _____

NATIONALITY: _____ PROGRAM : _____ TO: _____

REASON/S FOR SHIFTING/TRANSFERRING : _____

- NOTE:**
1. Submit accomplished form to the Customer Service Section.
 2. Follow up your request after three (3) working days at Window No. 2.
 3. If approved, please report to the Program Section Chief of your NEW PROGRAM for evaluation.

Student's Signature/Date

CLEARANCES:

Center for Guidance and Counselling :	Center for Student Advising:	Office of the Prefect of Discipline :
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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 For interview _____

Prepared by/Date: R.O. Personnel	GWA :	Approved by/Date: University Registrar
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TO BE FILLED OUT BY THE ACCEPTING SCHOOL

Student is allowed to shift/transfer to (program) : _____ Effective _____ QUARTER, AY _____

REMARKS :

Printed name of Dean/Program Chair	Signature of Dean/Program Chair
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