



REQUEST TO SHIFT/TRANSFER FORM

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Effective Date: July 30, 2019

REQUEST TO

SHIFT

TRANSFER

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

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

\_\_\_\_\_ QUARTER, AY \_\_\_\_\_

NAME : \_\_\_\_\_  
Last First Middle

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

NATIONALITY: \_\_\_\_\_ PROGRAM : \_\_\_\_\_ TO: \_\_\_\_\_

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

\_\_\_\_\_  
Student's Signature/Date

ACADEMIC PLAN: (List of Courses/Units the student must enroll)			
ACADEMIC YEAR: _____ Term: _____	ACADEMIC YEAR: _____ Term: _____	ACADEMIC YEAR: _____ Term: _____	ACADEMIC YEAR: _____ Term: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL UNITS: _____	TOTAL UNITS: _____	TOTAL UNITS: _____	TOTAL UNITS: _____

I/ We give our consent to this child to shift to \_\_\_\_\_ program.

\_\_\_\_\_  
Parent's Name and Signature/Date

<b>PRESCREENING : Qualified to Shift/Transfer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Received by/Date:  R.O. Personnel	GWA :	Recommendation:  <input type="checkbox"/> For interview _____

TO BE FILLED OUT BY THE

ACCEPTING SCHOOL	OFFICE OF THE REGISTRAR
Student is allowed to shift/transfer to : _____ <small>Program / Curriculum Batch</small> Effective _____ QUARTER, AY _____ <b>REMARKS :</b>  Printed Name & Signature of Dean/Program Chair	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED  University Registrar Encoded by/Date: R.O. Personnel