	REQUEST FOR CHANGE OF CURRICULUM	Document No.: FM-RO-42-01
		Effective Date: July 28, 2017

DATE : _____

CONTACT NO. : _____

I, _____, with Student Number _____, do hereby request for a change of curriculum from Batch _____ to Batch _____ effective _____ quarter, AY _____ because _____.

I understand that in requesting for a change of curriculum there may be possibility that I shall have course/s which may not be credited and/or there may be additional course/s which I will need to enroll in which may result in an extension of my stay here in the Institute. I understand further that after the change in curriculum is effected by the Office of the Registrar, I cannot revert back to my old curriculum anymore.

I further agree to abide with any adjustment in fees that will result from this change.

I certify that I have fully read and understood this document which I am signing and I hereby consent and agree with what is indicated herein.

Verified by:

Signature


Program Section Chief

Endorsed by:

Approved by:

University Registrar

Dean

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