



**REQUEST TO SHIFT PROGRAM/MODALITY**

Document No.: FM-RO-11-05

Effective Date: October 15, 2021

**REQUEST TO SHIFT**

PROGRAM

MODALITY

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

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

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

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

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

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

NATIONALITY: \_\_\_\_\_

PROGRAM From: \_\_\_\_\_ (Blended / UOx)

To: \_\_\_\_\_ (Blended / UOx)

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

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

**ACADEMIC PLAN:** (List of Courses the student will enroll)

\*Accomplish if shifting to a different program

| ACADEMIC YEAR: _____<br>Term: _____ |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| _____                               | _____                               | _____                               | _____                               |
| _____                               | _____                               | _____                               | _____                               |
| _____                               | _____                               | _____                               | _____                               |
| _____                               | _____                               | _____                               | _____                               |
| <b>TOTAL UNITS:</b> _____           | <b>TOTAL UNITS:</b> _____           | <b>TOTAL UNITS:</b> _____           | <b>TOTAL UNITS:</b> _____           |

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

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

**PRESCREENING : Qualified to Shift?**

Yes  No

Received by/Date:

GWA :

Recommendation:

For approval \_\_\_\_\_

R.O. Personnel

**TO BE FILLED OUT BY THE**

**ACCEPTING SCHOOL**

**OFFICE OF THE REGISTRAR**

Student is allowed to shift/transfer to : \_\_\_\_\_  
Program / Curriculum Batch

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

**REMARKS :**

\_\_\_\_\_  
Printed Name & Signature of Dean/Program Chair

APPROVED  DISAPPROVED

University Registrar

Encoded by/Date:

R.O. Personnel