REQUEST TO SHIFT/TRANSFER FORM

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

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<th>ACADEMIC YEAR</th>
<th>QUARTER</th>
<th>WEIGHTED AVERAGE</th>
<th>COURSES FAILED</th>
<th>ACADEMIC STATUS</th>
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PRESCREENING:  
Qualified to shift/Transfer?  
☐ Yes  
☐ No  
GWA: ____________

Preparedby/Date:  
Approved by/Date:

RO Personnel  
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