*Revised2019*

UNIVERSITY OF THE PHILIPPINES MINDANAO

**APPLICATION FOR SHIFTING**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number:\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| 1. **Student Request**   Requesting permission to shift to:  Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Effective: \_\_\_\_\_Sem, AY \_\_\_\_\_\_\_\_  Reason/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Signature of Applicant Date  Endorsed:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_  Registration Adviser Date | 1. **Action taken by the recommending Department** (please check one)**:**     Recommended    Not recommended due to\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Department Chair Date    Recorded:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  College Secretary Date |
| 1. **Action of the Admissions Committee of the Accepting Department**   (please check one)**:**    Recommended    Not recommended due to\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_    Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. **Action of the Dean of the Accepting Department:**   **APPROVED / DISAPPROVED:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Dean Date    **Recorded:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  College Secretary Date |

Attachments:

**Current Contact Numbers (required):**

Shifting applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Letter of Intent duly signed by parent/s or guardian
2. Photocopy of parent’s or guardian’s valid ID
3. True Copy of Grades

*Furnish copies for: Student, Accepting Department, OCS and Original copy for OUR*