

SHIFTING FORM ___ Term, School Year ____

	Last Name	First Name	Middle Name
		to	
	Present Course		Course Applied
l. R	equisition: (The Registrar) - Certification of Grades		3.2 College where Shiftee is applying
R	ecord Evaluator: Signature over Printed Name		Signature over Printed Name Date:
2. N	otification: (Office of the Guidance Counselor)	4.	Shiftee Status (Dean's Office)
N	oted:		
D	Signature over Printed Name ate:		Course / Year Level / Section
2 4	Approval: (Dean's Office)		Evaluated by:
3. A			Signature over Printed Name
3	.1 Present College Dean		Position:
	Signature over Printed Name		Date Evaluated:

• Once completed have this photocopied (4copies), then distribute to Deans, Student's Accounts, and The Registrar. Keep one (1) for your file.

TR-ESOS007 s.2022



SHIFTING FORM

	Term, School Yea	·		
me:Last Name	First Name	Middle Name		
Last Name	First Name	Middle Name		
	to			
Present Course		Course Applied		
1. Requisition: (The Registrar)		3.2 College where Shiftee is applying		
 Certification of Grades 				
Record Evaluator:		Signature over Printed Name		
Signature over Printed Name		Date:		
2. Notification: (Office of the Guidance Counselor)	4.	Shiftee Status (Dean's Office)		
Noted:				
Signature over Printed Name Date:		Course / Year Level / Section		
2 Assessable (Decade Office)		Evaluated by:		
3. Approval: (Dean's Office)		Signature over Printed Name		
3.1 Present College Dean		Position:		
Signature over Printed Name		Date Evaluated:		
Date:				

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