



### SHIFTING FORM

\_\_\_\_\_ Term, School Year \_\_\_\_\_

Name: \_\_\_\_\_

Last Name

First Name

Middle Name

\_\_\_\_\_ to \_\_\_\_\_

Present Course

Course Applied

1. Requisition: (The Registrar)

- Certification of Grades

Record Evaluator: \_\_\_\_\_  
Signature over Printed Name

3.2 College where Shiftee is applying

\_\_\_\_\_  
Signature over Printed Name  
Date: \_\_\_\_\_

2. Notification: (Office of the Guidance Counselor)

Noted: \_\_\_\_\_  
Signature over Printed Name

Date: \_\_\_\_\_

4. Shiftee Status (Dean's Office)

\_\_\_\_\_  
Course / Year Level / Section

3. Approval: (Dean's Office)

3.1 Present College Dean

\_\_\_\_\_  
Signature over Printed Name

Date: \_\_\_\_\_

Evaluated by: \_\_\_\_\_  
Signature over Printed Name

Position: \_\_\_\_\_

Date Evaluated: \_\_\_\_\_

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

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