



UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

College, Laguna 4031, Philippines

OFFICE OF THE UNIVERSITY REGISTRAR

Tel. Nos. 6349 536 6001 to 6 local 199 & 441, Email: admissions@upou.edu.ph

APPLICATION FOR SHIFTING OF PROGRAM

Requirements:

1. Correctly and completely accomplished application form for Shifting;
2. True Copy of Grades; and,
3. Photocopy of Transcript of Records for all degrees earned.

| | | |
|----------------------------------|----------------------------|---------------------------|
| NAME OF APPLICANT | | STUDENT NUMBER |
| PROGRAM/MAJOR APPLIED FOR | | FACULTY |
| DATE FILED | FIRST TERM ENROLLED | LAST TERM ENROLLED |
| REASON FOR SHIFTING | | |

Current Program Use

The Dean
Faculty of _____

Dear Sir/Madam:

This is to inform you that we approved/disapproved the shifting of the student from _____
_____ program to the _____ program effective 1st 2nd 3rd
Semester/Trimester, AY _____ - _____. S/he is cleared/not yet cleared from any
obligation from the Program/Faculty.

Remarks:

*Signature over printed name
Program Chair*

*Signature over printed name
Dean*

Date

Date

Accepting Program Use

Recommending Approval of the Accepting Program

Noted by:

*Signature over printed name
Program Chair*

*Signature over printed name
Dean*

*Signature over printed name
University Registrar*

Date

Date

Date

Remarks: