



UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

College, Laguna 4031, Philippines

OFFICE OF THE UNIVERSITY REGISTRAR

Tel. Nos. +6349 5366001 to 6 local 199 & 441, Email: admissions@upou.edu.ph

APPLICATION FOR TRANSFER OF PROGRAM (For Graduate Programs)

Requirements:

1. Correctly and completely accomplished application form for transfer of program;
2. 500-word essay stating your reason for transfer to the new program;
3. True copy of grades;
4. Admission exam (if applicable); and,
5. Other program-specific requirements.

Submit all requirements to your current faculty office on or before the application for admission deadline for the applied term.

| | |
|---|---------------------------------|
| Name of Applicant | Student Number |
| Email Address | Contact Number |
| Current Program | Current Faculty Office |
| Program/Major Applied For | Accepting Faculty Office |
| Reason/s for Transfer | |
| <p>Shifting/Transfer of Program Policies:</p> <ol style="list-style-type: none"> 1. Shifting/Transfer of program is applicable only to continuing students who are within the Maximum Residency Rule (MRR) of the program; 2. A student on AWOL is not allowed to apply for shifting/transfer or program; he/she must be readmitted to his/her current program first; and, 3. The student is not allowed to return to his/her previous program once shifting/transfer of program has granted. | |

I have also read the University of the Philippines' Privacy Notice for Students (<https://www.upou.edu.ph/up-data-privacy-notice-for-students/>). I grant my consent to and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable law in connection with my application to shift/transfer/be admitted as a student of UP Open University.

I likewise consent to and recognize UP's authority to post online and/or in UP bulletin boards at its option to my name and program in the event I qualify for admission in order for the University to comply with its Charter to uphold the principle of transparency in the admission process

By affixing my signature below, I certify that I have read and understood the transfer policies of the University.

Signature over Printed Name

Date

FACULTY OFFICE EVALUATION

Current Program Use

| | |
|---|--|
| Faculty | |
| Faculty Endorsement | |
| <input type="checkbox"/> ENDORSED | <input type="checkbox"/> NOT ENDORSED |
| Remarks | |
| Endorsed by: | Noted by: |
| _____ | _____ |
| <i>Signature over Printed Name, Program Chair</i> | <i>Signature over Printed Name, Dean</i> |
| | Date Endorsed: _____ |

Accepting Program Use

| | |
|--|--|
| Faculty | |
| Recommending Approval | |
| <input type="checkbox"/> APPROVED as | <input type="checkbox"/> Regular <input type="checkbox"/> Probationary |
| Admission Term: _____ Trimester/Semester AY _____ | |
| <input type="checkbox"/> PENDING | |
| <input type="checkbox"/> DISAPPROVED | |
| Remarks/Special Instructions | |
| Approved by: | Noted by: |
| _____ | _____ |
| <i>Signature over Printed Name, Program Chair</i> | <i>Signature over Printed Name, Dean</i> |
| | Date Approved: _____ |

Noted by:

Signature over Printed Name, University Registrar

Date Noted: _____