University of the Philippines Cebu
Office of the University Registrar

Registrar's Copy

APPLICATION FOR SHIFTING OF COURSE

Family Name   First Name   Middle Name

Student Number _____   Program and Year _____

Last Semester Enrolled _____   Total Units Earned _____ | General Weighted Average* |
                                                                       | computed by OUR staff |
Program you are planning to shift into _____
Reason/s for shifting _____   Date:

1) Noted by: *3) Recommended for Acceptance*

_____   _____
Current Program Adviser   Department Chair/Program Coordinator

2) Endorsed by: *4) Endorsed by:*   *5) Approved by:*

_____   _____   _____   _____
College Secretary   College Secretary   Dean   Date
of Current College   of Accepting College   of Accepting College

*GWA must be computed by the Office of the University Registrar staff prior to Acceptance

---

University of the Philippines Cebu
Office of the University Registrar

College's Copy

APPLICATION FOR SHIFTING OF COURSE

Family Name   First Name   Middle Name

Student Number _____   Program and Year _____

Last Semester Enrolled _____   Total Units Earned _____ | General Weighted Average* |
                                                                       | computed by OUR staff |
Program you are planning to shift into _____
Reason/s for shifting _____   Date:

1) Noted by: *3) Recommended for Acceptance*

_____   _____
Current Program Adviser   Department Chair/Program Coordinator

2) Endorsed by: *4) Endorsed by:*   *5) Approved by:*

_____   _____   _____   _____
College Secretary   College Secretary   Dean   Date
of Current College   of Accepting College   of Accepting College

*GWA must be computed by the Office of the University Registrar staff prior to Acceptance

---

University of the Philippines Cebu
Office of the University Registrar

Student's Copy

APPLICATION FOR SHIFTING OF COURSE

Family Name   First Name   Middle Name

Student Number _____   Program and Year _____

Last Semester Enrolled _____   Total Units Earned _____ | General Weighted Average* |
                                                                       | computed by OUR staff |
Program you are planning to shift into _____
Reason/s for shifting _____   Date:

1) Noted by: *3) Recommended for Acceptance*

_____   _____
Current Program Adviser   Department Chair/Program Coordinator

2) Endorsed by: *4) Endorsed by:*   *5) Approved by:*

_____   _____   _____   _____
College Secretary   College Secretary   Dean   Date
of Current College   of Accepting College   of Accepting College

*GWA must be computed by the Office of the University Registrar staff prior to Acceptance