Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
Collegiate Records Unit

REQUEST FOR SHIFTING OF PROGRAM

DATE OF FILING:		TERM: [ ] 1st [ ] 2nd [ ] Inter-Sem, A.Y.	
PERSONAL INFORMATION		**ACADEMIC INFORMATION**	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO		PERSONAL EMAIL ADD.	

DATA PRIVACY CONSENT

I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.

Further, I agreed to the collection and processing of my data in relation to my *request for shifting of program* to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.

_____
Signature over Printed Name/Date

1) DESIRED/NEW PROGRAM	**2) REASON/S FOR SHIFTING**
	_____ _____
3) ACADEMIC EVALUATION	**4) APTITUDE TEST**
Result: Total No. of Credited Units _____ _____% Total No. of Failed Units _____ _____% Year/Academic Level _____ Evaluated by: _____ **Records Evaluator/Date** Signature over Printed Name	**Test Result:** _____ **Remarks:** _____ _____ _____ Released by: _____ **Guidance Counselor/Date** Signature over Printed Name
5) ACTION TAKEN	**6) UNBLOCKED ACCOUNT/CANCELLED ID**
[ ] Approved [ ] Disapproved by: _____ **Academic Dean** Signature over Printed Name	Processed by: _____ **Records Evaluator/Assistant** Signature over Printed Name

Learner's Copy Received by: _____ **Date:**_____

Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
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18:00-02-FO-17
(Learner's Copy)

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S.I. No: _____ / Date: _____