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

APPLICATION FOR SHIFTING OF PROGRAM

DATE OF FILING: _____   TERM: [ ]1st [ ]2nd [ ]3rd Trimester, A.Y. _____

PERSONAL INFORMATION		ACADEMIC INFORMATION							
LAST NAME		ID NO.							
FIRST NAME		PROGRAM							
MIDDLE INITIAL		YEAR							

CONTACT INFORMATION			
PERSONAL EMAIL ADD		MOBILE NO.	

DESIRED/NEW PROGRAM:

Reason for Shifting: _____

ACADEMIC EVALUATION

Result: Percentage	*Remarks:*
Total No. of Credited Units _____ _____ Total No. of Failed Units _____ _____	

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

APPROVED BY:	PROCESSED BY:
_____ **Dean** **Signature over Printed Name/Date**	_____ **Records Evaluator** **Signature over Printed Name/Date**