



Colegio de San Juan de Letran Calamba

City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
Collegiate Records Unit

e-33:00-02-FO-26
(Registrar's Copy)

REQUEST FOR SHIFTING OF PROGRAM			
DATE OF FILING:		TERM: [] 1 st [] 2 nd [] Inter-Sem, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO		EMAIL ADD.	
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: _____ <div style="text-align: center;">Records Evaluator/Date Signature over Printed Name</div>		Test Result: _____ Remarks: _____ _____ Released by: _____ <div style="text-align: center;">Guidance Counselor/Date Signature over Printed Name</div>	
5) ACTION TAKEN		6) UNBLOCKED ACCOUNT/CANCELLED ID	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved by: _____ <div style="text-align: center;">Academic Dean Signature over Printed Name</div>		Processed by: _____ <div style="text-align: center;">Records Evaluator/Assistant Signature over Printed Name</div>	
Student's Copy Received by: _____ Date: _____			



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