

REQUEST FOR SHIFTING OF PROGRAM					
DATE OF FILING:		TERM: []1 st	[] 2 nd [] Inter-Sem, A.Y.
PERSONAL INFORMATION			AC		
LAST NAME		ID NO.			
FIRST NAME		PROGRA	١M		
MIDDLE NAME		YEAR			
CONTACT INFORMATION					
MOBILE NO		PERSON			
		EMAIL A			
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 <i>request for shifting of program</i> 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	FUR		3
3) ACADEMIC EVALUATION		4) APTITUDE	IESI		
Result: Total No. of Credited Units % Total No. of Failed Units % Year/Academic Level %		Test Result: Remarks:			
Evaluated by: Records Evaluator/Date Signature over Printed Name		Released by:	Gu Sigr	idance Co nature ove	ounselor/Date er Printed Name
5) ACTION TAKEN 6		6) UNBLOCKE	D AC	COUNT/	CANCELLED ID
[] Approved [] D	isapproved by:	Processed by:			
S	Academic Dean ignature over Printed Name			Signa	ds Evaluator/Assistant ture over Printed Name
Student's Copy Received by: Date:					



	REQUEST FOR SH	IFTING OF PR	ROGRAM		
DATE OF FILING:		TERM: [TERM: []1 st []2 nd []Inter-Sem, A.Y.		
PERS	ONAL INFORMATION		ACADEMIC INFORMATION		
LAST NAME		ID NO.			
FIRST NAME		PROGRAM	M		
MIDDLE NAME		YEAR			
CONTACT INFORMATION					
MOBILE NO		PERSONA			
		EMAIL AD	D.		
DATA PRIVACY CONSENT I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will					
make me ineligible for Further, I agreed to th Colegio de San Juan Privacy Act of 2012, a shall not be shared compliance with applic	my request. ne collection and processing of m de Letran Calamba. I understand t and that I am required to provide tr or disclosed with other parties w cable laws and regulations.	y data in relation that my personal ir uthful information. <i>r</i> ithout consent ur	n to my <i>request for shifting of program</i> to nformation is protected by RA 10173, Data I understand that my personal information nless the disclosure is required by, or in		
1) DESIRED/NEW PROGRAM		2) REASON/S F	OR SHIFTING		
3) ACADEMIC EVALUATION		4) APTITUDE TEST			
Result: Total No. of Credited Units					
Evaluated by:		Released by:			
Records Evaluator/Date			Guidance Counselor/Date		
	ature over Printed Name		Signature over Printed Name		
5) ACTION TAKEN		6) UNBLOCKED	ACCOUNT/CANCELLED ID		
[] Approved [] Dis	sapproved by:	Processed by:			
	Academic Dean		Records Evaluator/Assistant		
Sic	gnature over Printed Name		Signature over Printed Name		