18:00-02-FO-17 (Registrar's Copy)

Date:_

REQUEST FOR SHIFTING OF PROGRAM					
DATE OF FILING:		TERM: []1st	TERM: []1st [] 2nd [] Inter-Sem, A.Y.		
	SONAL INFORMATION		ACADEMIC INFORMATION		
LAST NAME		ID NO.			
FIRST NAME		PROGRAM			
MIDDLE NAME		YEAR			
CONTACT INFORMATION					
MOBILE NO		PERSONAL			
MODILL 110		EMAIL ADD.			
DATA PRIVACY CONSENT					
		e and accurate. With	holding or giving false information will		
make me ineligible fo	r my request.				
Colegio de San Juan Privacy Act of 2012, shall not be shared	de Letran Calamba. I understand t and that I am required to provide tr or disclosed with other parties w icable laws and regulations.	that my personal information. I ur	my request for shifting of program to mation is protected by RA 10173, Data nderstand that my personal information is the disclosure is required by, or in		
1) DESIRED/NEW PI		2) REASON/S FOR	SHIFTING		
1) DEGINEDINETT I	CONTAIN	2) KLAGOWO I OK	51m 1m45		
3) ACADEMIC EVAL	HATION	4) APTITUDE TEST			
OJ AOADLIIIO LVAL	JATION	4) Al IIIODE IEOI			
Result:		Test Result:			
Total No. of Credited Units%					
		Remarks:			
Year/Academic Level					
			_		
Evaluated by: Relea		Released by:			
Records Evaluator/Date			idance Counselor/Date		
Signature over Printed Name			Signature over Printed Name NBLOCKED ACCOUNT/CANCELLED ID		
5) ACTION TAKEN		6) UNBLOCKED AC	COUNT/CANCELLED ID		
[] Approved [] Disapproved by:		Processed by:			
	Academic Dean		Records Evaluator/Assistant		
Signature over Printed Name			Signature over Printed Name		

Learner's Copy Received by:

S.I. No: ______/ Date: _____

18:00-02-FO-17 (Learner's Copy)

10.70	TRAR'S DEPARTMENT ate Records Unit			
REQUEST FOR SHIFTING OF PROGRAM				
DATE OF FILING:		TERM: []1st	[] 2 nd [] 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 <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				

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

2) REASON/S FOR SHIFTING

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