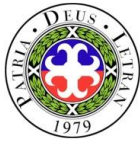




| REQUEST FOR SHIFTING OF PROGRAM   |  |  |  |
|---|--|--|--|
| DATE OF FILING:   |  | TERM: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> Inter-Sem, A.Y.   |  |
| PERSONAL INFORMATION  |  | ACADEMIC INFORMATION   |  |
| LAST NAME   |  | ID NO.   |  |
| FIRST NAME  |  | PROGRAM  |  |
| MIDDLE NAME   |  | YEAR   |  |
| CONTACT INFORMATION   |  |  |  |
| MOBILE NO   |  | PERSONAL EMAIL ADD.  |  |
| DATA PRIVACY CONSENT  |  |  |  |
| <p>I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.</p> <p>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.</p> <p>_____<br/>Signature over Printed Name/Date</p> |  |  |  |
| 1) DESIRED/NEW PROGRAM  |  | 2) REASON/S FOR SHIFTING   |  |
|   |  | <div></div> <div></div> <div></div>  |  |
| 3) ACADEMIC EVALUATION  |  | 4) APTITUDE TEST   |  |
| <p><b>Result:</b><br/>Total No. of Credited Units _____ %<br/>Total No. of Failed Units _____ %<br/>Year/Academic Level _____</p> <p>Evaluated by: _____<br/><b>Records Evaluator/Date</b><br/>Signature over Printed Name</p>  |  | <p><b>Test Result:</b> _____</p> <p><b>Remarks:</b> _____<br/>_____<br/>_____</p> <p>Released by: _____<br/><b>Guidance Counselor/Date</b><br/>Signature over Printed Name</p> |  |
| 5) ACTION TAKEN   |  | 6) UNBLOCKED ACCOUNT/CANCELLED ID  |  |
| <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved by:</p> <p>_____<br/><b>Academic Dean</b><br/>Signature over Printed Name</p>   |  | <p>Processed by:</p> <p>_____<br/><b>Records Evaluator/Assistant</b><br/>Signature over Printed Name</p>   |  |
| Learner's Copy Received by: _____ Date: _____   |  |  |  |



| REQUEST FOR SHIFTING OF PROGRAM  |  |  |  |
|--|--|--|--|
| DATE OF FILING:  |  | TERM: [ ] 1 <sup>st</sup> [ ] 2 <sup>nd</sup> [ ] Inter-Sem, A.Y.  |  |
| PERSONAL INFORMATION   |  | ACADEMIC INFORMATION   |  |
| LAST NAME  |  | ID NO.   |  |
| FIRST NAME   |  | PROGRAM  |  |
| MIDDLE NAME  |  | YEAR   |  |
| CONTACT INFORMATION  |  |  |  |
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| 1) DESIRED/NEW PROGRAM   |  | 2) REASON/S FOR SHIFTING   |  |
|  |  | <p>_____</p> <p>_____</p>  |  |
| 3) ACADEMIC EVALUATION   |  | 4) APTITUDE TEST   |  |
| <p><b>Result:</b></p> <p>Total No. of Credited Units _____ %</p> <p>Total No. of Failed Units _____ %</p> <p>Year/Academic Level _____</p> <p>Evaluated by: _____</p> <p><b>Records Evaluator/Date</b><br/>Signature over Printed Name</p>   |  | <p><b>Test Result:</b> _____</p> <p><b>Remarks:</b> _____</p> <p>_____</p> <p>Released by: _____</p> <p><b>Guidance Counselor/Date</b><br/>Signature over Printed Name</p> |  |
| 5) ACTION TAKEN  |  | 6) UNBLOCKED ACCOUNT/CANCELLED ID  |  |
| <p>[ ] Approved [ ] Disapproved by:</p> <p>_____</p> <p><b>Academic Dean</b><br/>Signature over Printed Name</p>   |  | <p>Processed by:</p> <p>_____</p> <p><b>Records Evaluator/Assistant</b><br/>Signature over Printed Name</p>  |  |