



Application for Change of Course/Program

This Form must be accomplished in three (3) copies. Attach your Request for Credit Form in three (3) copies. Incomplete Form will not be processed.

Name of Student: _____
Last Name First Name Middle Name

Student Number: _____ Course/Year Level: _____
Contact Number: _____

Shifting Details

Application for change of course effective:

School Year _____ Semester _____

Current Course _____ New Course _____

Reason/s:

(Student's Signature over Printed Name) Date: _____

Approved:

Releasing College

Receiving College

College Dean
Date: _____

College Dean
Date: _____

Office of the Registrar

Received by: _____ Date: _____

Posted by: _____ Date: _____