



**Colegio de San Juan de Letran Calamba**  
City of Calamba, Laguna  
**REGISTRAR'S DEPARTMENT**  
Graduate School Records Unit

APPLICATION FOR SHIFTING OF PROGRAM									
DATE OF FILING:					TERM: [ ]1 <sup>st</sup> [ ]2 <sup>nd</sup> [ ]3 <sup>rd</sup> Trimester, A.Y. _____				
PERSONAL INFORMATION					ACADEMIC INFORMATION				
LAST NAME					ID NO.				
FIRST NAME					PROGRAM				
MIDDLE NAME									
CONTACT INFORMATION									
MOBILE NO.					EMAIL ADD				
<b>DESIRED/NEW PROGRAM:</b>									
Reason for Shifting: _____ _____									
ACADEMIC EVALUATION									
<b>Result:</b>					<b>Remarks:</b>				
Total No. of Credited Units _____		Percentage							
Total No. of Failed Units _____									
APPROVED BY:					PROCESSED BY:				
_____ GS Dean's Signature over Printed Name/Date					_____ GS Records Officer's Signature over Printed Name/Date				



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