Colegio de San Juan de Letran
151 Muralla Street, Intramuros, Manila, 1002 Philippines
Tel. No.: 8527-7693 to 97 loc. 331-335 Telefax: 82514179
Email: registrar@letran.edu.ph * Website: http://www.registrar.letran.edu.ph

SHIFTING FORM

OFFICE OF THE DEAN

TO: THE REGISTRAR

Student No.: _____ Date: _____

Name: _____ Sem./ Acad. Year: _____

Dear Sir/Madam:

I wish to change my program from _____ to _____ for the following reasons:

_____

_____

_____

_____
Signature over-printed name / Date

Noted by:	**Remarks**	**Approved by:**
_____	_____	_____
Guidance		**Receiving Program Chairman**
_____	_____	_____
Program Chairman		**Receiving Dean**
_____	_____	_____
Dean		**Registrar**

Steps to follow:

1. Present the shifting form to the following offices for approval.
   a. Program Chairman
   b. Dean
   c. Receiving Program Chairman
   d. Receiving Dean
2. Submit the form to the Registrar's Office for processing.