



Colegio de San Juan de Letran
Intramuros, Manila

Collegiate Department
APPLICATION FOR SHIFTING

Student No: _____ Date: _____

Name: _____ 1st Sem. / 2nd Sem. / Summer AY _____

I wish to change my major / course from _____ to _____ for the following reasons:

Student's Signature

Noted by:

Remarks

Approved by:

Guidance

Receiving Chairman

Chairman

Receiving Dean

Dean

Registrar

Steps to follow:

1. Present the shifting form to the following offices for approval.
 - a. Chairman
 - b. Dean
 - c. Receiving Chairman
 - d. Receiving Dean

2. Submit the form to the Registrar's Office for processing.
