



TARLAC STATE UNIVERSITY
OFFICE OF ADMISSION AND REGISTRATION
ADMISSION UNIT
 Tarlac City, Philippines

SHIFTING FORM FOR GRADUATE SCHOOL (MASTERAL, DOCTORAL)

(1st / 2nd / 3rd) TRIMESTER / ACADEMIC YEAR _____

Name: _____ To Shift to New Course in: _____
 Former Course: _____ Major in: _____
 Year & Section: _____ College: _____

DEAN: _____
 COLLEGE: _____
 This University _____

_____ Date

Dear Sir/Madam:

I, Mr. / Ms. _____ hereby apply as

(Last Name, First Name, Middle Name)

_____ in your College, preferably in the Course _____
(Applicant Type) **(Course Applied For)**

attached herewith are the pertinent documents for your consideration and approval.

Request that I be allowed to shift of course in your College due to the below-mentioned/following reason/s:

Attached is my recent **Report of Grades** and **Evaluation of Record** this trimester from my previous college.

(Applicant Signature Over Printed Name)

ACTION TAKEN:

- APPROVED
- DISAPPROVED

Student Number: _____

FOR RELEASE:

FOR ACCEPTANCE:

Dean (Current Course)

Dean (New Course Applied for)