

REG OFC FORM: _____



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
Province of Rizal
_____ Campus

- COLLEGE LEVEL
 GRADUATE SCHOOL

**OFFICE OF THE REGISTRAR
APPLICATION FOR SHIFTING OF COURSE**

Name: _____ Year and Section: _____
Course/Major: _____
Semester/School Year Last Attended: _____

THE DEAN

Sir/Madam:

I have the honor to request for shifting of course from _____
_____ to _____ effective
this _____ Semester, SY 20____ - 20____ due to the following reason(S):

Signature of Student over Printed Name

Evaluated by:

Registrar

Recommended by:

Director, Student Services

Approved for Release:

Former College Dean / GS Dean

Approved for Acceptance:

New College Dean / GS Dean

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