

PERMIT TO TRANSFER

The College Secretary / Graduate Coordinator/
Associate Dean for Mentoring Academic
Progress and Advancement
College of _____

This is to inform you that our college / unit has no objection to the transfer of the student named
below effective first / second semester _____

Name _____
LAST FIRST
MIDDLE

Student No. _____ College _____ Current Course _____

Applying for transfer to :

College _____ Department _____ Program _____

Original Admission (Sem / Year) _____ Last Enrollment (Sem / Year) _____

regular

No. of Academic units passed as of last
enrollment _____

with contract; special conditions

Scholastic standing as of last enrollment

- Good Standing
- Warning
- Probation
- Dismissed
- Others

other remarks

Signature over Printed Name of
Institute Director/ Program Coordinator

Signature over Printed Name of
Associate Dean for Mentoring
Academic Progress and
Advancement

Documents submitted :

- College Clearance
- True Copy of Grades (TCG)