

**SCIENCE EDUCATION INSTITUTE**  
**Department of Science and Technology**

**APPLICATION FOR:**  **SHIFTING COURSE**  
 **TRANSFERRING SCHOOL**

Name of Scholar: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Graduate Scholarship Program: \_\_\_\_\_ Year of Award: \_\_\_\_\_

Course: \_\_\_\_\_

School: \_\_\_\_\_

If shifting, New Course: \_\_\_\_\_

If transferring, New School: \_\_\_\_\_

Effective: ( ) 1<sup>st</sup> Sem/Term ( ) 2<sup>nd</sup> Sem/Term ( ) 3<sup>rd</sup> Sem/Term ( ) 4<sup>th</sup> Sem/Term AY \_\_\_\_\_

Please attach the following requirements:

1. Letter of Request to Shift/Transfer endorsed by Project Leader
2. Certification of Admission in New Course/School
3. Certification of Accredited Subjects
4. Approved Program of Study in New Course
5. Breakdown of Financial Assistance Received

\_\_\_\_\_  
Signature Over Printed Name of Applicant

\_\_\_\_\_  
Date

**To be accomplished by SEI**

Effectivity of Shifting/Transfer: ( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) 4<sup>th</sup> Sem/Term AY \_\_\_\_\_

Until: ( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) 4<sup>th</sup> Sem/Term AY \_\_\_\_\_

Scholarship Period after Shifting/Transfer: \_\_\_\_\_ Term

Remaining Period of Scholarship: \_\_\_\_\_ Term

Release of Financial Assistance after Shifting/Transfer Effective:

( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) 4<sup>th</sup> Sem/Term AY \_\_\_\_\_

APPROVED

DISAPPROVED

EVALUATED BY: \_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name of Evaluator

\_\_\_\_\_  
Date