SCIENCE EDUCATION INSTITUTE

Department of Science & Technology

Accelerated Science & Technology Human Resource Development Program

(UP Diliman-ASTHRDP)

**Shifting Course Request**

NAME: DATE: 

DEGREE & COURSE: 

START OF SCHOLARSHIP:



|  |  |
| --- | --- |
| **REQUIREMENTS CHECKLIST** | **🗹** |
| Request to Shift/Transfer duly Endorsed by the Adviser and Institute/Unit Director | **□** |
| Certification of Admission in new course/school |  |
| Certification of accredited subject | **□** |
| Program of Study – POS (Photocopy) | **□** |
| Financial Assistance Breakdown – FAB (optional) | **□** |



☞*To be fill up by ASTHRDP Staff only…*

EVALUATION: **□Complete □Approved by Project Leader □Disapproved**

REMARKS:





EVALUATED BY: 

DATE OF APPROVAL: 