



University of the Philippines DILIMAN

APPLICATION FOR SHIFTING

____ Semester/Trimester, Academic Year _____

REQUIREMENTS FOR SHIFTING:

- Accomplished Application Form
- Official Receipt of Application Fee
- True Copy of Grades
- Certificate of Enrollment
- Certificate of No Contract
- Certificate of Good Moral Character
- Other documents required by the college: _____

- Shifting Application to another Degree Program Within the College (Shifting 1)
- Shifting Application to another Degree Program from Constituent Universities (Shifting 2)

NAME (Last, First, Middle): _____ STUDENT NO.: _____
 CURRENT COLLEGE/SCHOOL: _____ CURRENT DEGREE PROGRAM: _____
 DESIRED COLLEGE/SCHOOL: _____ DEGREE PROGRAM APPLIED FOR: _____
 CONTACT NUMBER: _____ EMAIL ADDRESS: _____

_____ Total number of units enrolled this semester/trimester _____ Total units passed this semester/trimester
 _____ Total number of units passed in the previous academic year (1S, 2S, MY or 1T, 2T, 3T)

Reason for shifting: _____

I have read the University of the Philippines' Privacy Notice for Students.

I grant my consent and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to shift/transfer/ be admitted as a student of UP [CU].

I likewise consent and recognize UP's authority to post online and/or in UP bulletin boards at its option my name and program in the event I qualify for admission in order for the University to comply with its Charter and uphold the principle of transparency in the admissions process.

Signature over Printed Name of the Student

Signature of Parent/Guardian over printed name
if applicant is a minor

Date: _____

Date: _____

ACTION OF THE DEPARTMENT

Qualified for _____ effective _____ Semester/Trimester, Academic Year _____.
(Degree Program)

Conditions (if applicable): _____

Refused/Denied

Remarks: _____

Department Chair/Director

Student signature over printed name
Date: _____

Noted by:

MARIE CHRISTINE M. OBUSAN, PhD
College Secretary

COURSE PROGRAM APPLIED FOR:

(List According to priority)

- 1. _____
- 2. _____

For applicants within the UP System outside the College of Science, UP Diliman

Unit/College currently/last enrolled in: _____ Course: _____

For applicants within the College of Science, UP Diliman

Degree course currently/last enrolled in: _____

Attach **Original** True Copy of Grades (complete with grades in **all subjects** taken in the U.P. System)

STUDENT PERSONAL INFORMATION:

Sex: ___ Female **Civil Status:** ___ Single ___ Married
 ___ Male

Citizenship: _____ **Date of Birth:** _____ **Place of Birth:** _____ **Religion:** _____

Current Address: _____ Tel. No. _____

Permanent Home Address: _____ Tel. No. : _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ Tel. No.: _____

Attach a recent 2' x 2'
photograph here.

Please sign photograph
at the back.

I hereby affirm that all information
supplied herein is complete and accurate.
Withholding or giving false information will make
me ineligible for admission or subject to dismissal.
If admitted, I agree to abide by the policies, rules
and regulations of the College of Science.

Signature

Date

To be filled up by the Office of the College Secretary

GENERAL WEIGHTED AVERAGE: _____

ACTION TAKEN:

Forwarded to Institute/Department for further evaluation:

_____ : Qualified for transfer to B.S. _____

_____ : Not qualified for transfer to CS since the student:
_____ does not satisfy the required no. of units of _____
_____ does not satisfy the G.W.A. of _____
_____ lacks the following requirements (s) _____

MARIE CHRISTINE M. OBUSAN, PhD

College Secretary

DATE: _____
