



UNIVERSITY OF THE PHILIPPINES VISAYAS

GRADUATE SCHOOL

General Luna St., Iloilo City 5000 Philippines
Email Address: gs-secretary.upvisayas@up.edu.ph



SHIFTING TO A NEW SPECIALIZATION OF THE SAME DEGREE PROGRAM

Date

The Dean

Graduate School
UP Visayas, Iloilo City

Sir/Madam:

I would like to request approval to shift from the _____
(degree program and current specialization)
to the _____ effective _____ Semester/Trimester, AY _____
(degree program and new specialization)
for the following reason/s:

Thank you.

Very truly yours,

NOTED:

Signature over Printed Name

Graduate Program Adviser (Current Specialization)
Date: _____

Student Number: _____
Email Add: _____
Contact Number: _____

EVALUATION / RECOMMENDATION:

Mr./Ms. _____ is

- ☐ Eligible for admission
☐ Not eligible for admission

to the _____
(degree program and specialization)
with the following conditions:

An admission slot is available for him/her during the _____
Trimester/Semester, AY _____.
With _____ units still to be taken, he/she is expected to
graduate by the _____ Trimester/Semester, AY _____.

Graduate Program Coordinator

**ACTION OF THE OFFICE OF THE
GRADUATE SCHOOL DEAN:**

APPROVED / DISAPPROVED:

Dean

Date: _____

REQUIRED ATTACHMENT: Copy of approved study plan/checklist in current specialization.