



University of the Philippines Visayas

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 Visayas.

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

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:

College Secretary