



## 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 Diliman.*

*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