

DE LA SALLE UNIVERSITY-DASMARIÑAS

ACCEPTANCE FORM FOR SHIFTEES

_____ Date _____

_____ Semester, Schoolyear _____

Mr./Ms. _____ has been accepted into _____
(Surname) (First Name) (Middle Name) (program)
 of the _____ as a shiftee from _____,
(college) (previous course/program)
 of the _____.
(previous college)

LIST OF CREDITED SUBJECTS

Subjects taken from previous program	Grade	Units	Equivalent subjects in the new program	Grade	Units	Approved by <small>(Signature over printed name)</small>

Approved by: _____

Dean/Associate Dean
(Signature over printed name)

_____ Date _____

cc: Dean, Registrar, Student
