

DE LA SALLE UNIVERSITY-DASMARIÑAS  
OFFICE OF THE REGISTRAR

SHIFTING FORM

\_\_\_\_\_ Semester, Schoolyear \_\_\_\_\_

Please allow Mr./Miss \_\_\_\_\_ to shift  
Please print Last Name First Name M.I.

from \_\_\_\_\_ to \_\_\_\_\_ (specify program code)

GPA of Academic Subjects: _____	Verified by the Registrar: _____
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Noted by the Guidance Counselor: \_\_\_\_\_  
(Signature over Printed Name)

APPROVED BY:

Present Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature over Printed Name)

Dean of the College where  
shiftee is applying: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature over Printed Name)

Evaluated by: \_\_\_\_\_ Status: \_\_\_\_\_  
(Signature over Printed Name) (Course/Year level/Section)

Date: \_\_\_\_\_

Please distribute each copy to: Deans, Accounting Office & Registrar's Office.

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