



Republic of the Philippines

Pamantasan ng Lungsod ng Maynila

(University of the City of Manila)

General Luna Street corner Muralla Street
Intramuros, Manila

SHIFTING FORM

Date of Filing: _____

Student No: _____

Student Name: _____

Student Type: _____

Year Level: _____

GWA: _____

Academic Status: _____

Current Course: _____

College: _____

Course To Shift To: _____

College: _____

Reason: _____

Please attach the following:

☐ Note of Undertaking (if applicable)

☐ Student's Checklist

☐ Study Plan

Student's Signature over printed name

Parent's Signature over printed name

1. Released by: _____ Department Chair _____ Date	3. Received by: _____ Department Chair _____ Date
2. Endorsed/Approved by: _____ College Dean _____ Date	4. Endorsed/Approved by: _____ College Dean _____ Date
5. Recommending Approval: _____ University Registrar _____ Date	
6. Approved/Disapproved by: _____ Vice President for Academic Affairs _____ Date	