



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon

REQUEST ON SHIFTING OF COURSE

Date

To whom it may concern:

Respectfully requesting your good office that I, _____, be
allowed to shift course from (*present course*) _____ to (*new
course*) _____ starting this _____ Semester/ Summer, SY _____.

Very truly yours,

Student (*Signature over Printed Name*)

ACTION 1
() Accept () Reject

ACTION 2
() Accept () Reject

Program Chairman (Present Course)

Program Chairman (New Course)

Approved/ Disapproved:

Approved/ Disapproved:

Dean, College of _____ (Present Course)

Dean, College of _____ (New Course)