



Bestlink College of the Philippines, Inc.

1071 Brgy. Kaligayahan, Quirino Hi-way, Novaliches, Quezon City
Tel: (8)518-8050 / Email: bestlink.registrar@gmail.com

SHIFTING FORM

REGISTRAR'S COPY

Name: _____ Student No: _____ Date: _____
Present Course: _____ New Course: _____
Reason: _____

Recommended by: _____
Guidance Counselor _____ Student Signature _____

Noted by: _____ Approved by: _____
Department Head _____ Registrar _____

Procedures:

1. Secure and accomplish application form from the registrar's office.
2. For the evaluation process, application to shift course should be filed at least two (2) weeks before the enrollment.



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STUDENT'S COPY

Name: _____ Student No: _____ Date: _____
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