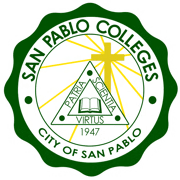
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|  | | | | Reference No.: SPC-FO-REG-12 | | | | Effectivity Date: January 05, 2022 | | | | | | | | | Revision No.: 01 | |
| **APPLICATION FORM FOR SHIFTER/TRANSFEREE** | | | | | | | | | | | | | | | | | | |
| Request to: | | | | Shift: | | From another College of the same Constituent Campus | | | | | | | | | From the same College | | | |
| Transfer: | | From other university | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | |
| Name of Student: | |  | |  |  | |  |  | | |  |  |  | | | |  |  |
|  | |  | *Last Name* | |  | *First Name* | | |  |  | *Middle Name* | | | |  | *Suffix* |
| Date of Birth: | | |  | | | | | | | | | | | Age: | |  | | |
| Permanent  Address: | |  | | | | | | | | | | | | | | | | |
| Nationality: | |  | | | | | | | | Contact Number: | |  | | | | | | |
| Program Applied for: | |  | | | | | | | | Preferred Constituent Campus: | |  | | | | | | |
| Previous  Program: | |  | | | | | | | | Previous Constituent  Campus/University: | |  | | | | | | |
| Reason for Shifting/ Transferring: | | | | |  | | | | | | | | | | | | | |
| Requested by:  Signature over Printed Name of Student Date Signed: | | | | | | | |  |  | Signature over Printed Name of Parent/Guardian Date Signed: | | | | | | | | |
| *---------- to be filled-out by the Evaluator of the Admitting College ----------* | | | | | | | | | | | | | | | | | | |
| **Course/s taken from Previous Program/University** | | | | | | | | | **Final Grade/s** | | **Credit Unit/s** | | **Equivalent Course/s in the Preferred Program** | | | | | |
| Course Code | | | | Course Title | | | | |
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| *(Use extra sheets if necessary)* | | | | | | | | | | | | | | | | | | |
| Evaluated and Interviewed by: | | | | | |  |  |  |  | Reviewed and Approved by:  Dean/Head, Academic Affairs Date Signed: | | | | | | | | |
| Qualified to Shift/ Transfer: | | | | | |  |  |  |  |
| Yes, | Program: | | | | | | | | |
| No, | Reason/s: | | | | | | | | |
| Signature over Printed Name of Department/Program Chairperson  Date Signed: | | | | | | | |  |  |

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| *---------- to be filled-out by Testing and Admission Office ----------*  *This part is applicable ONLY for applicants from other universities* | | | | | |
| Examination Rating Verified by:  Signature over Printed Name of Authorized Official  Designation:  Date Signed: | | | | | Remarks:  The student is eligible to shift program/ transfer:  YES NO |
| To the Campus Registrar: | | | | | |
| The applicant is allowed to shift/transfer to: | | | | | under |
| the College | of |  |  |  |  |
| effective |  |  | Semester, | Academic Year | . |
|  |  |  |  |  | Sincerely yours,  Signature over Printed Name of  Dean/ Head, Academic Affairs Date Signed: |
| Received by:  Signature over Printed Name of Registrar’s Staff Date Signed: | | | | | |

Annex A

**San Pablo Colleges**

**Hermanos Belen St., Barangay 3A, San Pablo City, Laguna, 4000**

+639171090015

spc.admin@sanpablocolleges.edu.ph

**PROPOSED COURSES FOR ENROLLMENT**

Name: Program: Campus: Academic Year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YEAR 1** | | | | | | |
| **First Semester** | | | | | | |
| **Course Code** | **Course Title** | | **Unit/s** | | **Pre- requisite/ Co-requisite** | **Remarks** |
| **Lec** | **Lab** |
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| **Total Units** | | |  |  |  |  |
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| **Second Semester** | | | | | | |
| **Course Code** | **Course Title** | | **Unit/s** | | **Pre- requisite/ Co-requisite** | **Remarks** |
| **Lec** | **Lab** |
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| **Total Units** | | |  |  |  |  |
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| **Midterm** | | | | | | |
| **Course Code** | **Course Title** | | **Unit/s** | | **Pre- requisite/ Co-requisite** | **Remarks** |
| **Lec** | **Lab** |
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|  |  | |  |  |  |  |
| **Total Units** | | |  |  |  |  |
| *(Use additional sheets if necessary)* | | | | | | |
| Evaluated by:  Signature over Printed Name of Department/Program Chairperson  Date Signed: | | Approved by:  Signature over Printed Name of Dean/ Head, Academic Affairs  Date Signed: | | | | |

*Required Attachment: Program Curriculum*