



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: \_\_\_\_\_ Year Level: \_\_\_\_\_  
Student Name: \_\_\_\_\_ GWA: \_\_\_\_\_  
Student Type: \_\_\_\_\_ Academic Status: \_\_\_\_\_

Current Course: \_\_\_\_\_ College: \_\_\_\_\_ Please attach the following:  
Course To Shift To: \_\_\_\_\_ College: \_\_\_\_\_ ☐ Note of Undertaking (if applicable)  
Reason: \_\_\_\_\_ ☐ Student's Checklist  
\_\_\_\_\_ ☐ Study Plan

\_\_\_\_\_  
Student's Signature over printed name

\_\_\_\_\_  
Parent's Signature over printed name

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