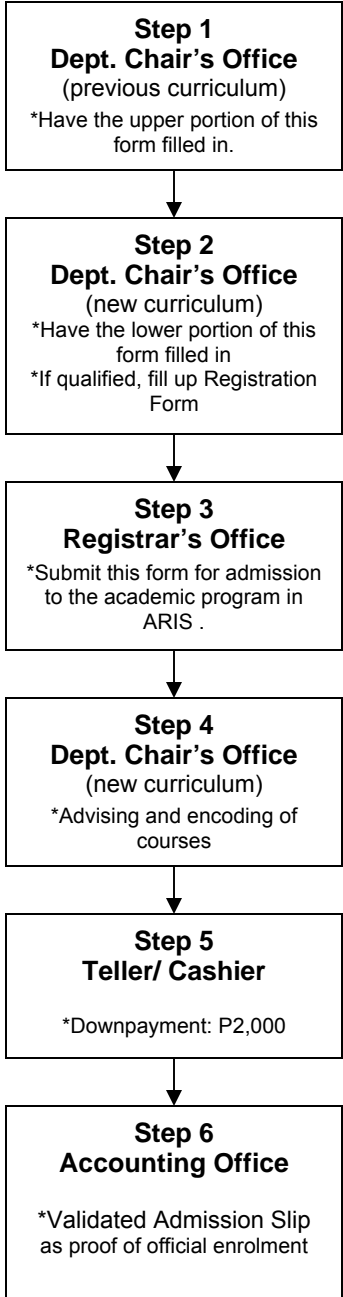


ENROLMENT FLOW SHIFTEE



NOTE: For ID replacement, go to the Student Affairs Services (SAS)



UNIVERSITY OF SAN CARLOS
Cebu City

CHANGE OF CURRICULUM (Shiftee)

Name: _____ ID No. _____

1st Semester 2nd Semester Summer SY: _____

1. To be filled in by the Department Chair (Previous Curriculum)

TO: _____

This is to certify that the above named student has been cleared from any obligations in the _____ Department, and is therefore recommended to shift from _____ to _____.

Department Chair

2. To be filled in by the Department Chair (New Curriculum)

TO: University Registrar

This is to certify that the above named student has been evaluated by this Office, and is qualified to shift to _____.

*Curriculum, Effective Year
(i.e. BSA 2002)*

Kindly change his/ her academic program upon presentation of his/her enrolment form.

Department Chair

3. To be filled in by the Registrar's Staff:

Changed by: _____

Date: _____

