



Republic of the Philippines
DON HONORIO VENTURA STATE UNIVERSITY
 Bacolor, Pampanga

OFFICE OF THE UNIVERSITY REGISTRAR

PERMIT TO SHIFT

Student Number: _____

Name of Student: _____ Sex: _____ Age: _____ Status: _____

Year level: _____ Semester: _____ Academic Year: _____

Shifting from: _____ Shifting to: _____ Campus _____
 (Present Program) (New Program)

Number of times you have SHIFTED course: _____ Date Requested: _____

Reasons for shifting: (Please check)

- | | |
|--|--|
| <input type="checkbox"/> Recommended by adviser | <input type="checkbox"/> Better employment opportunities |
| <input type="checkbox"/> Faster way to graduate | <input type="checkbox"/> Financial concerns (costly cost of course requirements) |
| <input type="checkbox"/> Parental /peer influence | <input type="checkbox"/> Coping difficulty in _____ (specify the course) |
| <input type="checkbox"/> Failure/s in pre – requisite subjects | <input type="checkbox"/> Other reasons (please specify) |

PARENT'S CONSENT: (Affix Signature)

Name of Parent/Guardian: _____ (Attach Photocopy of Parent's / Guardian's ID)

Contact No.: _____

 Parent/Guardian Signature

By signing below, I hereby certify that all the information written in this application are complete and accurate. I agree to update the Registrar's Office for any changes. I acknowledge that I have read and understood the Don Honorio Ventura State University (DHVSU) Admissions Privacy Notice posted in the office premises. I understand that by applying for admission/registering as a student of this university, I allow DHVSU through the Office of the Registrar to collect, record, organize, update or modify, retrieve, consult, utilize, consolidate, block, erase or delete any information which are a part of my personal data for historical, statistical, research and evaluation purposes pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations. I also agree, if accepted as shifter, that my enrollment, registration, matriculation, legibility for any assistance/grant, and graduation are subject to the rules and regulations of this institution.

Student's signature over printed name _____ Date: _____

(This section is to be filled out by the officials of receiving College)

Recommending Approval: _____ Date signed: _____
 Program Chairperson's Signature over printed name

Approved by: _____ Date: _____
 College Dean

Remarks: _____