

Republic of the Philippines
MINDANAO STATE UNIVERSITY
Marawi City

REQUEST TO SHIFT PROGRAM OF STUDY

Date: _____

Name: _____ Gender: ____ Age: ____ Civil Status: _____
 Family Name Given Name M.I.
Present Program: _____ Shifting to: _____ Year Level: ____ Contact No.: _____
Scholarship Status: _____
Campus Address: _____ Name of Guardian: _____
Address of Guardian: _____ Contact #: _____ Relationship to Guardian: _____

COLLEGE CLEARANCE AT THE END OF EACH SEMESTER.

Number of times you have shifted Program: _____

Reasons why you are shifting course now: (please check reason/s applicable to you)

- _____ 1. Advised to shift by the adviser.
- _____ 2. Found difficulty in _____ (specify the course).
- _____ 3. Failed in pre-requisite course.
- _____ 4. To finish program faster.
- _____ 5. For better employment opportunity and more financial returns.
- _____ 6. Present program chosen by parents/relatives/friends.
- _____ 7. Present program chosen by the university.
- _____ 8. To proceed to Medicine or Law.
- _____ 9. Found present program expensive.
- _____ 10. Other reasons (please specify) _____

Findings/Comments/Remarks by the Guidance Specialist/Counselor:

Note:

Upon receiving this form, follow the steps below:
STEP 1: Fill in the blanks with the necessary information.
STEP 2: Proceed to Guidance Counselor for interview/ counseling /recommendation.
STEP 3: Go to the Department where you will be shifting for admission.

Guidance Counselor/ Specialist
Printed Name & Signature

Evaluation/Recommendation by Guidance Specialist/Counselor:

