



# OFFICE OF ADMISSIONS

## PERMIT TO SHIFT

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 Office of Admissions and 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 Admissions 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 a student, that my admission, 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 admission personnel)**

1<sup>st</sup> Endorsement

2<sup>nd</sup> Endorsement

3<sup>rd</sup> Endorsement

DCAT Results: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

SAI \_\_\_\_\_

STANINE \_\_\_\_\_

VI \_\_\_\_\_

Academic Standing based on presented grades:

Needs Improvement  Below Ave.  Average  Above Ave.  Excellent

Remarks: \_\_\_\_\_

The above-mentioned student seeking for admission in your college is hereby endorsed by this office to undergo qualifying procedures and further evaluation. The applicants' admission in your college is subject to your approved retention and promotion policy.

**RICHARD N. BRIONES, MAGC, RGC**  
Director

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

Recommending Approval: \_\_\_\_\_

Program Chairperson

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
College Dean

Remarks: \_\_\_\_\_