



**LAGUNA UNIVERSITY**

**Registrar's Office**

Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna  
Tel. No. (049) 576-4359

APPLICATION FORM SHIFTING OF CURRICULAR PROGRAM				
DATE OF FILING:		TERM: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> Mid-Year, A.Y.		
PERSONAL INFORMATION		ACADEMIC INFORMATION		
LAST NAME		STUDENT NO.		
FIRST NAME		PROGRAM		
MIDDLE NAME		YEAR		
CONTACT INFORMATION				
MOBILE NO.		EMAIL ADDRESS		
REASON/S FOR SHIFTING				
DETAILS				
CURRENT PROGRAM		UNITS EARNED:  Evaluated by:  <b>Registrar's Staff</b> Signature over Printed Name	NEW PROGRAM:	
ACTION TAKEN				
<b>Approved for Acceptance</b>  <b>New Dean</b> Signature over Printed Name		<b>Approved for Release</b>  <b>Former Dean</b> Signature over Printed Name		<b>Received by:</b>  <b>Registrar</b> Signature Over Printed Name
<p><b>Notes:</b> <i>Shifting to another curricular program could cause delay in graduation of the student.</i></p> <p><b>DATA PRIVACY CONSENT:</b></p> <p><i>I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the established guidelines of Laguna University</i></p> <p><i>Further, I agree to collection and processing of my data for the purpose of processing my shifting to another curricular program to Laguna University. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.</i></p> <p><b>Student</b> Signature over Printed Name/Date</p>				

Please prepare this form in 2 copies (Registrar's Copy and Student's Copy)