

**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 st <input type="checkbox"/> 2 nd <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: Registrar's Staff Signature over Printed Name	NEW PROGRAM:	
ACTION TAKEN				
Approved for Acceptance <div style="text-align: center;"> New Dean Signature over Printed Name </div>		Approved for Release <div style="text-align: center;"> Former Dean Signature over Printed Name </div>		Received by: <div style="text-align: center;"> Registrar Signature Over Printed Name </div>
Notes: Shifting to another curricular program could cause delay in graduation of the student.				
DATA PRIVACY CONSENT: <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>				
Student Signature over Printed Name/Date				

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