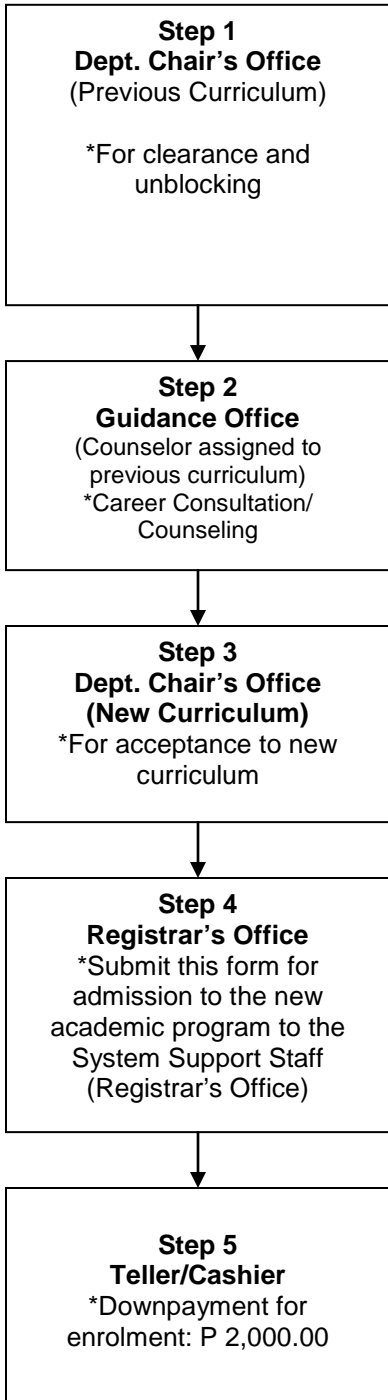




**ENROLMENT FLOW SHIFTEE**



**UNIVERSITY OF SAN CARLOS  
Cebu City**

**CHANGE OF CURRICULUM  
(Shiftee Form)**

Name \_\_\_\_\_ ID No. \_\_\_\_\_  
*Last Name First Name M.I.*

1<sup>st</sup> Semester  2<sup>nd</sup> Semester  Summer SY: \_\_\_\_\_

**NOTE: SHIFTEES OF THE SAME DEPARTMENT, ACCOMPLISH ONLY STEPS 1, 2 & 4**

**1. To be filled out by the Department Chair (Previous Curriculum)**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the above-named student has been cleared from any obligations in the \_\_\_\_\_ Department, and is therefore recommended to shift from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Department Chair

**2. To be filled out by the Guidance Counselor (Previous Curriculum)**

Interviewed by: \_\_\_\_\_  
Date : \_\_\_\_\_

**3. To be filled out by the Department Chair (New Curriculum)**

TO: University Registrar

This is to certify that the above-named student has been evaluated by this Office, and is qualified to shift to \_\_\_\_\_ Curriculum & Effective Year

Kindly change his/her academic program upon presentation of his/her enrolment form.

\_\_\_\_\_  
Department Chair

**4. To be filled out by the System Support Staff (Registrar's Office):**

Changed by : \_\_\_\_\_  
Date : \_\_\_\_\_

**NOTE:** For ID replacement, proceed to the Office of Student Affairs (OSA)