



MABALACAT CITY COLLEGE

OFFICE OF THE COLLEGE REGISTRAR

SHIFTING APPLICATION FORM

| A. PERSONAL INFORMATION (To be filled out by the student) | | | |
|---|---|---|---|
| Student's Last Name | First Name | Middle Name | Ext. Name |
| | | | |
| Contact No. | Email Address | | |
| | | | |
| B. ACADEMIC INFORMATION | | | |
| Date of Application | | | |
| | | | |
| Student ID No. | Current Program | Year Level | New Program |
| | | | |
| C. REASONS FOR SHIFTING | | | |
| <input type="checkbox"/> Failure to pass the screening procedure <input type="checkbox"/> Personal problem <input type="checkbox"/> Change of interest <input type="checkbox"/> Others, specify: _____ | | <input type="checkbox"/> Poor academic performance <input type="checkbox"/> Financial difficulty <input type="checkbox"/> Employment opportunities | |
| D. CONSENT AND COUNSELING | | | |
| <i>"By signing this form, I give my consent to the collection, use, disclosure, and processing of my personal and/or sensitive information."</i> | | | |
| _____ Student's signature over printed name | | _____ Date | |
| E. ACTION TAKEN | | | |
| 1. <i>This is to certify that the student has undergone academic counseling.</i> _____ Guidance Counselor _____ Date | 2. Noted by: _____ Dean/FoSH of Current Program _____ Date | 3. For approval: <u>Put a check mark</u> <input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted Remarks: _____ Dean/FoSH of New Program _____ Date | 4. Noted and recorded by: _____ Registrar _____ Date |

IMPORTANT: Accomplish this form in triplicate (1 copy for the Registrar, 1 copy for the new institute, and 1 copy for the student's file).